



ANKLE ARTHROSCOPY, DEBRIDEMENT, LOOSE BODY REMOVAL POST-OPERATIVE GUIDELINES

Post-Operative Phase 1: Weeks 0 – 2

PRECAUTIONS

- 50% weight bearing in controlled ankle motion (CAM) boot with crutches/walker
- Remove boot 10-20 times per day for active ankle and subtalar ROM exercises

TREATMENT RECOMMENDATIONS

- Swelling management
 - Protect, rest, ice, compression, elevation (PRICE), modalities
- Gait and stair training
 - Focus on optimal loading
- Low-grade joint mobilizations focusing on the distal tibiofibular, talocrural, and subtalar joints (e.g., posterior talar glides and mobilizations with movement)
- PROM/active assisted range of motion (AAROM)/AROM of the ankle
- Proximal LE and core strengthening, upper extremity (UE) strengthening as needed
- Low irritability ankle/foot strengthening
 - Isometrics progressing to isotonics
 - Intrinsic strengthening

CRITERIA FOR ADVANCEMENT

- Maximize gait with appropriate assistive device
- Pain and swelling controlled

EMPHASIZE

- Swelling management
- Optimizing ankle ROM



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Post-Operative Phase 2: Weeks 2 – 6

PRECAUTIONS

- Weight bearing as tolerated, discontinue CAM boot when gait normalizes
- Avoid premature return to activity

TREATMENT RECOMMENDATIONS

- Gait and stair training - Encourage symmetrical gait pattern
- Activities of daily living (ADL) specific training
 - Progressive community ambulation → Heel and toe walking → Descending stairs
- Swelling management - Consider compression sleeve
- Joint and soft tissue mobilizations targeting hypomobile structures in functional positions
- PROM/AROM of the ankle - Address persisting deficits
- Neuromuscular training
- Weight bearing balance/proprioception and strengthening
 - Progression from bilateral to unilateral
 - Progression from static to dynamic
 - Sagittal progressing to multidirectional
 - Progression from level ground to compliant surfaces
 - Multi-directional rockerboard, proprioceptive foam, hemispheric balance trainer
 - Heel rise progression
 - Proximal strengthening and control (focus on core/hip abductors)
 - Kneeling/half kneeling exercises
 - Blood Flow Restriction Therapy (if available), as needed
- Resume cardio activities if not symptomatic
 - Begin with stationary bike, low resistance → elliptical

CRITERIA FOR ADVANCEMENT

- Gait normal without assistive device
- Pain and swelling self-managed as activity increases



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Post-Operative Phase 3: Weeks 6+

TREATMENT RECOMMENDATIONS

- PROM/AROM of the ankle - Address persisting deficits in range of motion and joint mobility
- Weight bearing strengthening
 - Heel rise progression
 - Eccentric control
 - Increase load (reintroduce previously symptomatic movements)
 - Endurance training
- Weight bearing balance/proprioception
 - Progress to unilateral and dynamic stabilization
 - Multi-directional rockerboard, foam, hemispheric balance trainer
 - Sport specific balance/proprioception
 - Perturbations
 - Reactionary drills emphasizing directional and speed changes
 - Working into end ranges
- Incorporate instability into progression
- Work on inclines/declines/sport specific terrain
- Loaded squat variations
 - Bilateral → unilateral
- Progress to single leg side planks
- Return to running progression
- Sport specific progression
 - Plyometrics, agilities, hopping
 - Deceleration and cutting exercises

CRITERIA FOR DISCHARGE

- Full ankle PROM and AROM
- 5/5 strength of all muscle groups
 - At least **90%** closed chain, heel raise work (height x reps) compared to contralateral side
- SLS \geq **90%** of uninvolved side with minimal foot, hip, or core strategies
- STAR excursion balance test \geq **90%** of uninvolved side
- Ability to perform \geq 6" step ups/downs with control
- Patient appropriate functional testing (e.g., hop testing vs. 6-minute walk test)
- Return to sport when cleared by MD