Rehabilitation Protocol: Arthroscopic Ankle Debridement

Name: ___________________________________________  Date: __________________________

Diagnosis: ______________________________________  Date of Surgery: ________________

☐ Phase I (Weeks 0-2)
• Weightbearing: Partial weightbearing in CAM walker using crutches or cane
• Range of Motion: Active, active-assist and passive range of motion as tolerated in all planes
• No Formal PT

☐ Phase II (Weeks 2-6)
• Weightbearing: As tolerated; discontinue CAM walker and assistive devices when gait normalizes
• Range of Motion – PROM/AROM/AAROM of the ankle in all planes
  • Progress with ankle Plantarflexion/Dorsiflexion/Inversion/Eversion and Toe Flexion/Extension
• Therapeutic Exercise
  • Stationary bicycle
  • Seated heel raises
  • Resistance bands for plantarflexion/dorsiflexion/inversion/eversion
  • Proprioception exercises
  • Soft tissue mobilization/scar massage/densensitization/edema control
• Modalities under discretion of PT

☐ Phase III (Weeks 6-12)
• Range of Motion – Full painless range of motion
• Therapeutic Exercises
  • Elliptical, walking treadmill
  • Standing heel raises progress to single toe-raise
  • Single leg eccentric lowering
  • Step-ups, side steps
  • Progressive ankle strengthening
  • Hip, knee strengthening exercises
  • Proprioception exercises – balance board

☐ Phase IV (Months 3-6)
• Progress with strengthening, proprioception and gait training activities
• Return to full unrestricted activity/sports when cleared by MD

Comments:

Frequency: _____ times per week  Duration: _______ weeks

Signature: ___________________________________________  Date: ________________________