



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

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ANKLE ARTHROSCOPY PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The patient's home exercise program is of utmost importance and should be monitored and emphasized. Initially, patients should be performing their exercises several times a day to regain motion.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as impact loading, jogging, or pivoting and shifting early post-operatively may increase the overall chance of symptoms of pain, swelling, and instability. These should be closely monitored and avoided by the patient.



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Phase I: Weeks 0- 4

TREATMENT GOALS:

- Be aware of changes in condition (such as pain and effusion) and modify program as indicated.
- Full ROM.
- Control pain and effusion.
- Full lower extremity strength

PRECAUTIONS:

- Weight bearing as tolerated.
- No Impact.

MANUAL THERAPY:

- Continue stretches to gain full ROM.

SUGGESTED EXERCISES:

- Ankle proprioception.
- Monster walk add variations.
- Heel-toe walking, cone stepping to Dynamic warm-up.
- Leg Press, Total gym, or Reformer.
- Wall squats.
- Lateral step down.
- Stationary bike.
- Mini-squats/squats (0-90).
- Hamstring curl (0-90).
- Leg Press (0-90).
- Lunges-knee not to migrate over toe.
- Begin light circuit training - Stepper, NordicTrack, treadmill, ladder drills.

BALANCE TRAINING:

- Cone walking.
- Mini squat with UE or LE reach (rock around the clock).
- Single leg balance with plyotoss or other challenge.
- Sports cord agility work.
- Wobble board work.

MODALITIES:

- Cryotherapy as needed.



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Phase II: Weeks 4+

TREATMENT GOALS:

- Enhance neuromuscular control.
- Perform selected sports specific activity and release per MD to unrestricted sporting activity.
- Achieve maximal strength and endurance.

FUNCTIONAL TRAINING:

- Initiate light plyometric/sports metric type program (as released by MD for impact loading).
- box jumps, level, double-leg, rope jumping, star jumps, hopping.
- Sport specific drills.
- Intensify circuit training - Stepper, elliptical, treadmill, ladder drills, rope jumping, reaction drills.

RUNNING PROGRAM:

- Water walking.
- Swimming (kicking).
- Backward run.
- Return to jogging then running if patient is tolerating plyometrics.

CUTTING PROGRAM:

- Lateral shuffle.
- Carioca, figure 8's.
- LEFTest run.

MODALITIES:

- As needed.

*Advanced weight training and sports specific drills are advised to maintain a higher level of competition.