

# Arthroscopic Ankle Debridement Rehabilitation Protocol

J. Chris Coetzee, MD

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

\*\*\*\*Please fax initial assessment and subsequent progress notes directly to Dr. Coetzee at 952-456-7641\*\*\*\*

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

## PHASE I: WEEK 1-2

#### Goals

- Control pain and swelling
- ADL (activities of daily living)

## **Guidelines**

- WB in boot as tolerated
- Elevate to control swelling
- AROM hip and knee
- Sutures dissolved/removed @ 10 14days
- ADL

## PHASE II: WEEK 3-6

#### Goals

- Full ROM (range of motion)
- Normal gait

### **Guidelines**

- Wean from boot as tolerated
- AROM (active range of motion)in all directions:
  - o NWB
  - WB ROM as tolerated
- Massage for edema

- Strengthening
  - o Ankle theraband resisted training in all directions
    - Progress to WB exercises as tolerated
    - Toe raises
    - Inversion/eversion
    - On wobble board or fitter
  - Hip against resistance in standing
  - o Knee wall sits, squats as tolerated
  - o Core activate abdominals
    - Bridging
    - Standing: upper extremity diagonals
    - Use core when on wobble board
- Gait retraining
- · Manual mobilization if required

## PHASE III: WEEK 6+

### Goals

- Full strength and endurance
- Good proprioception
- Return to work +/or activity

## **Guidelines**

- Full activity as tolerated
- Proprioception retraining
- Dynamic training:
  - Hopping
  - Skipping
  - o Running
- Progress to plyometrics
- Work or sport specific retraining

2700 Vikings Circle, Eagan, MN 55121
Phone: 952-456-7600 Fax: 952-456-7641 <u>TCOmn.com</u>