

Post-Operative Instructions **Ankle Arthroscopy**

Day of Surgery

- A. Diet as tolerated.
- B. Pain medication as needed every 6 hours.
- C. Icing is important for the first 5-7 days post-op. Ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. Make sure you have a physical therapy post-op appointment set up for the first week-10 days after surgery.

First Post-Operative Day

- A. Continue icing
- B. You will need to keep your incision dry when taking a shower. Do this for about 2 weeks after surgery.

Second Post-Operative Day

- A. Continue icing

Third Post-Operative Day Until Return Visit

- A. Continue ice pack
- B. You may remove the surgical bandage after you shower and apply regular bandages to the wounds. If you have a splint you do not need to change anything. Keep extremity dry until first follow up appt

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Ankle Arthroscopy Rehabilitation Protocol

This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy. Please feel free to call with any questions. Therapy begins at about 10-14 days post procedure. Weight bearing may be limited if cartilage repair techniques were used to treat OCD of the talus for 6 weeks.

- Phase I:** Goals: Decrease pain
Decrease edema and inflammation
Increase painfree range of motion and simulate collagen alignment
Prevent kinesthetic shut down
Patient education

Plan:

Modalities as needed: ice; electrical stimulation; phonophoresis; iontophoresis/
electrical stimulation
ROM: stretching, self-assisted stretches, joint mobilization/ PROM, AROM in
dorsiflexion and plantar flexion only
Strengthening: isometrics, T-Band, manual resistive exercises
Initiate balance and proprioceptive exercise in non-weight bearing positions:
-sitting BAPS drills in dorsiflexion and plantar flexion only
Aquatic therapy if needed to meet above goals

- Phase II**
Goals:
Increase to full range of motion and diminish swelling
Increase strength to good-normal
Normalize gait and progress to weight bearing exercise
Improve kinesthetic and neuromuscular control

Plan:

Modalities PRN
Stretching in weight bearing and non-weight bearing positions
Strengthening: advance with phase I: calf strengthening with weight and in
weight bearing positions. BAPS sitting and standing, progressive trampoline
(weight shifting and balance activities), initiate hip and knee strengthening
Proprioceptive exercise
Stationary bicycle, advance to EFX, treadmill

- Phase III**

Goals:

Increase strength
Increase proprioception
Increase endurance

Plan:



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Advance strengthening in closed chain (leg press, calf raises)
Continue to advance proprioception
Incline treadmill Stairmaster

Phase IV

Goals:

Return to sport

Plan:

Continue to advance strengthening: progressing weights

Begin plyometric drills

Advance proprioception: trampoline drills, jumping

Agility drills: side stepping, backpedaling, circle running, figure eight sports cord

Stairmaster, treadmill, walk/run, interval training

Sport specific activities; i.e .. soccer drills K

Comments:

Frequency: ____ times per week

Duration: _____ weeks

Signature: _____

Date: _____