



Indiana University Health

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## **Ankle Arthroscopy**

*Updated 2/2025*

### **General Post Op Instructions**

<b>Wound Care</b>	✓ Splint should remain clean, dry, and intact for 2 weeks
<b>Swelling</b>	→ Swelling and bruising are to be expected after a surgical procedure
<b>Ice and Elevate</b>	✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Elevate the limb above the heart when able
<b>Showering</b>	→ Do not soak incisions in water until after stitches are removed → You may begin to shower after surgery but splint must be kept clean and dry
<b>Driving</b>	✓ Dr. Call does not release people to drive at a specific date or week post op ✓ It is unlawful to drive under the influence of opioid (strong pain) medications ✓ Must be able to safely apply the brakes before returning to drive ✓ Driving in a brace/sling/boot is not recommended

### **Weight Bearing Restrictions and Splint/Boot Use**

	Arthroscopy +/- Debridement	Arthroscopy with Microfracture or OCD Grafting
Week 1-2	✓ Non-weight bearing in the splint	✓ Non-weight bearing in the splint
Weeks 3-4	✓ WBAT in the boot	✓ NWB in the boot
Weeks 5	✓ If no pain with ambulation in the boot, wean out of the boot	✓ NWB in the boot
Weeks 6	✓ DC boot if not already	✓ Progress weight bearing in the boot
Week 7		✓ WBAT in the boot
Week 8+		✓ If no pain with ambulation in the boot, wean out of the boot



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### Immediate Post Operative Phase (up to week 4)

<b>Overall Goals</b>	✓ Promote swelling reduction ✓ Compliance with boot wear
<b>Cautions</b>	→ <i>PT to start after splint is removed at the 2-week post op appointment</i> → Monitor for wound breakdown
<b>Range of Motion</b>	✓ Passive ROM with range of pain free motion in all planes ✓ At the end of week 3, start 4 way ankle ROM
<b>Therapeutic Suggestions</b>	→ Quad, gluteus, adductor sets → Towel crunches → LAQ, SAQ → Other modalities as indicated → Week 4: start weight shifts in boot (if weight bearing allows)
<b>Progression Ready to Next Phase</b>	✓ Pain free range of motion, restriction will still be present <i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i>

### Intermediate Rehabilitation Phase (Weeks 5 – 8)

<b>Overall Goals</b>	✓ Improve ROM ✓ Improve gait mechanics with progression of weight bearing
<b>Cautions</b>	→ Avoid too rapid progression
<b>Range of Motion</b>	✓ Neutral foot to start ✓ Progress dorsiflexion gradually
<b>Therapeutic Suggestions</b>	→ Bike (in the boot is ok if patient is still NWB) → 4 way ankle isometrics → BAPS board → Marbles → Seated toe and heel raises → Cones → Calf stretches with sheet → Therabands when the patient is ready → When weight bearing as tolerated begin mini squats → Encourage home exercises
<b>Progression Ready to Next Phase</b>	✓ Motion improving ✓ Tolerating strengthening



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### Advance Strengthening Phase (Weeks 9 – 12)

<b>Overall Goals</b>	✓ Progress strength
<b>Cautions</b>	→ Maintain compliance with home exercises
<b>Range of Motion</b>	✓ ROM as tolerated
<b>Therapeutic Suggestions</b>	→ Progress standing exercises → Increase use and resistance of therabands → Ensure appropriate gait mechanics → Begin seated leg press if patient has pain free dorsiflexion to 0 degrees → Start hamstring curls and leg extensions → Elliptical if pain allows → Pre-plyometrics
<b>Progression Ready to Next Phase</b>	✓ Participating well with therapeutic exercises

### Late Rehabilitation and Strengthening Phase (Week 13 – 24)

<b>Overall Goals</b>	✓ Strengthen
<b>Cautions</b>	→ Avoid sports
<b>Range of Motion</b>	✓ No restrictions
<b>Therapeutic Suggestions</b>	→ Standing calf raises → Leg press calf raises with low weight → Proprioception activities → May add core and trunk strengthening
<b>Progression Ready to Agility Training</b>	✓ Pain free range of motion ✓ Strength improving 1. Add plyometrics 2. Fitter, slide board 3. Functional grids 4. Side shuffle 5. Grapevine
<b>Return to Sports</b>	✓ Return to jogging/running between 4-6 months post op ✓ Return to cutting sports at 6 months