



Indiana University Health

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Ankle Arthroscopy

Updated 2/2025

General Post Op Instructions

Wound Care	✓ Splint should remain clean, dry, and intact for 2 weeks
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Elevate the limb above the heart when able
Showering	→ 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
Driving	✓ 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)

Overall Goals	✓ Promote swelling reduction ✓ Compliance with boot wear
Cautions	→ <i>PT to start after splint is removed at the 2-week post op appointment</i> → Monitor for wound breakdown
Range of Motion	✓ Passive ROM with range of pain free motion in all planes ✓ At the end of week 3, start 4 way ankle ROM
Therapeutic Suggestions	→ Quad, gluteus, adductor sets → Towel crunches → LAQ, SAQ → Other modalities as indicated → Week 4: start weight shifts in boot (if weight bearing allows)
Progression Ready to Next Phase	✓ 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)

Overall Goals	✓ Improve ROM ✓ Improve gait mechanics with progression of weight bearing
Cautions	→ Avoid too rapid progression
Range of Motion	✓ Neutral foot to start ✓ Progress dorsiflexion gradually
Therapeutic Suggestions	→ 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
Progression Ready to Next Phase	✓ Motion improving ✓ Tolerating strengthening



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Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Progress strength
Cautions	→ Maintain compliance with home exercises
Range of Motion	✓ ROM as tolerated
Therapeutic Suggestions	<ul style="list-style-type: none">→ 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
Progression Ready to Next Phase	✓ Participating well with therapeutic exercises

Late Rehabilitation and Strengthening Phase (Week 13 – 24)

Overall Goals	✓ Strengthen
Cautions	→ Avoid sports
Range of Motion	✓ No restrictions
Therapeutic Suggestions	<ul style="list-style-type: none">→ Standing calf raises→ Leg press calf raises with low weight→ Proprioception activities→ May add core and trunk strengthening
Progression Ready to Agility Training	<ul style="list-style-type: none">✓ Pain free range of motion✓ Strength improving1. Add plyometrics2. Fitter, slide board3. Functional grids4. Side shuffle5. Grapevine
Return to Sports	<ul style="list-style-type: none">✓ Return to jogging/running between 4-6 months post op✓ Return to cutting sports at 6 months