



**United States Military-Baylor University**  
**Post-professional Sports Medicine-Physical Therapy Doctoral Program**  
**Keller Army Community Hospital, West Point, New York**  
*“Academic, Research, and Clinical Excellence”*

**ANKLE ARTHROSCOPY REHABILITATION GUIDELINES**

**(For Removal of loose bodies/fragments, etc. \*\*\*If OCD is present and/or drilling is performed: precautions will be at the physician’s discretion)**

**PRE-OP:**      **EVALUATION:**      Gait, Edema, ROM, Strength, TTP, Functional Status, Laxity

**CRUTCHES:**      Instruction in PWB 3-Point Gait, to include stairs

**EXERCISE:**      Instruct in Phase I exercises

**PNT EDUCATION:** Goals, Precautions and Discharge Criteria

**PHASE I: INPATIENT REHABILITATION:**

**DOS:**      **CRUTCHES:**      TTWB

**EXERCISE:**      Calf pumping, alphabet AROM exercises, Ice, elevation, OOB

**WOUND:**      Dressing remains intact. Cryo-Cuff or BREG

**POD 1-D/C:**      **CRUTCHES:**      WBAT, Progress to FWB as tolerated  
TTWB if treated for osteochondral lesion

**EXERCISES:**      AROM: Calf Pumping,, Alphabet, Circles  
Light Ankle Tubing in all directions, Seated BAPS  
Bike with low resistance, UBE (for conditioning)

**WOUND:**      De-bulk dressing, use BREG or Cryo-Cuff in room

**DOCUMENTATION:**  
Neurovascular Status, ROM (after exercise)  
Gait Status, Pain level, Strength, Edema

**Goals for Hospital Discharge:**

1. Independent in Gait With or Without Crutches
2. No Evidence of Infection

3. Understanding of Phase I & II Rehab
4. Pain and Effusion Controlled
5. Minimum of 50% AROM in all Directions

**PHASE II: OUTPATIENT/STRENGTHENING:**

**FOLLOW-UP:** P.T. - Every 2 Weeks for first month, then monthly as needed.

**IN CLINIC RX:** QD x 1 week, then TIW through 4 weeks prn

**DOCUMENTATION:**

AROM, Strength,Gait,Swelling,, Functional Status, Incision Site, Neurovascular Status.

**WOUND:** Dressing change prn

**EXERCISES:** Bike, Nordic Track  
 Tubing Exercises all directions  
 Stretch Gastroc/Soleus  
 Double Heel Raises - Progress to Single Heel raises  
 Weight Shifting, Mini-squats, Well-leg Tubing,  
 Single Leg Balance - Progress to KAT 2000, Plyback, BAPS  
 Aquatic Therapy when incision site is closed  
 Ice, Ace wrap

**CRITERIA FOR PROGRESSION TO PHASE III:**

1. Normal Gait
2. Pain and edema under control and NVI
3. ROM and strength within 85% of normal

**PHASE III: FUNCTIONAL TRAINING:**

**EXERCISE:** Walk/Run Protocol, Plyback Progression  
 Lateral Shuffle, Carioca, Figure of 8, Stutter Step, Pattern Run  
 Jump Rope, Cone Hopping, Single Leg Hop, Kicking  
 Progress into sporting activities

**Goals:**

1. Pass the CPFT/APFT
2. Normal strength, gait and ROM
3. Participate in any sports

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APPROVE/DISAPPROVE

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APPROVE/DISAPPROVE