Arthroscopic Ankle Surgery

Physical Therapy Protocol · Debridement, Synovectomy, or Anterior Impingement Resection

Accelerated, symptom-guided protocol for arthroscopy without repair or microfracture, synthesized from a published ankle arthroscopy rehabilitation protocol (St. Louis Orthopedic Specialists) and the NHS Lothian physiotherapy guideline. If concomitant procedures were performed (microfracture, ligament repair, ORIF), follow the procedure-specific protocol instead.

AT A GLANCE

TIMELINE	6-12 weeks for most patients; progression is symptom-guided rather than time-locked
WEIGHT BEARING	WBAT with crutches from day 1 (some surgeons prefer NWB up to ~7 days); discontinue crutches when gait is normal, typically by week 2
KEY MILESTONES	Full AROM and normalized crutch-free gait by ~week 2; full-strength pain-free walking by week 6; single-leg balance and heel-raise symmetry before impact
RETURN TO ACTIVITY	Running, agility, and plyometrics typically months 2-4; return to sport expected between 6 and 12 weeks depending on procedure and individual response

KEY PRECAUTIONS

- Symptom-guided rule: if pain or swelling worsens, decrease activity level until symptoms resolve before re-progressing.
- Monitor portal sites for drainage or skin breakdown; delay pool therapy until incisions are fully healed.
- Persistent effusion drives reflex inhibition; prioritize edema control (compression, elevation, ice) throughout early rehab.
- For anterior impingement debridement, restore terminal dorsiflexion progressively; talocrural joint mobilizations as needed once portals are healed.

PHASED REHABILITATION

PHASE 1 — RECOVERY & MOTION RESTORATION	Weeks 0-2
GOALS	• Control swelling and pain • Restore full ankle AROM • Normalize gait and achieve full weight bearing
INTERVENTIONS	• WBAT with crutches (or brief NWB up to ~7 days per surgeon), advancing as tolerated; discontinue crutches when gait is normal • Compression, elevation, ice; monitor portal sites • Ankle AROM: pumps, circles, alphabets in DF, PF, inversion, and eversion • Straight leg raises, short arc quads; hip, knee, and core maintenance work • Light resistance band ankle work as symptoms allow; stationary bike
CRITERIA TO ADVANCE	• Full or near-full ankle AROM • Normal crutch-free gait • Swelling controlled and portals healing

PHASE 2 — STRENGTHENING & PROPRIOCEPTION	Weeks 2-6
GOALS	• Full ankle and lower limb strength • Restore balance and proprioception • Painless community-level walking
INTERVENTIONS	• Resistance band progression through range, adding eccentric loading • Heel raises, wall squats, step-ups and step-downs, leg press • Weight-bearing calf and DF mobility work (standing stretch, knee-to-wall) as symptoms allow • Single-leg balance progression: ball toss, body blade, unstable surfaces • Treadmill walking, elliptical; pool therapy once incisions healed • Joint mobilizations for residual DF restriction (post-impingement debridement)
CRITERIA TO ADVANCE	• Painless walking without gait deviation • Minimal to no swelling with daily activity • Good single-leg balance and muscle recruitment • Symmetric heel-raise endurance emerging

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

PHASE 3 — RETURN TO IMPACT & SPORT	Weeks 6-12
GOALS	• Restore power and kinetic-chain control • Complete graded return to running and sport
INTERVENTIONS	• StairMaster, hip sled/leg press with progressive load; unrestricted pool work • Advanced proprioception on unstable surfaces; kinetic-chain drills • Progressive running program, then agility drills and plyometrics • Sport-specific rehabilitation and conditioning
CRITERIA TO ADVANCE	• No pain or effusion with progressive impact • Strength and hop symmetry appropriate for sport (LSI >=90% where testable) • Return to sport expected weeks 6-12, individualized • Surgeon clearance for unrestricted activity

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. St. Louis Orthopedic Specialists. Ankle Arthroscopy Rehabilitation Protocol. https://www.stlorthospecialists.com/wp-content/uploads/2019/05/Ankle-Arthroscopy-Rehab-Protocol.pdf

2. NHS Lothian. Physiotherapy Orthopaedic Guidelines: Ankle Arthroscopy. October 2020. https://apps.nhslothian.scot/files/sites/2/Ankle-Arthroscopy-Guidelines-Oct-2020.pdf

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.