Ankle:
Chondral/Osteochondral Defect Repair
Protocol

Preoperative

Goals:

1. Able to ambulate safely with crutches/walker NWB and PWB including varied surfaces and stairs

Treatment:
- Crutch training to include flat and varied surfaces and stairs NWB and PWB.

Postoperative Week 1-2

Goal:

1. Protect the surgical Ankle

Treatment:
- NWB. Stay in splint/brace

Postoperative Week 2 – 4

Goal:

1. Protect surgical ankle
2. Manage pain
3. Begin Range of Motion
4. Control post operative pain/swelling

Treatment:
- Patient to be progressed to PWB (up to 30% body weight) if a small lesion (per MD’s recommendations). Patient to remain NWB for 6 weeks if larger lesion
- PROM, Active Assist ROM and Active ROM Plantar and Dorsiflexion
- Initiate isometrics:
  o Plantar and Dorsiflexors
  o Quadriceps and hamstrings
  o Gluts
- Initiate Pool exercises
- Open chain therapeutic exercises for the knee and hip all planes
- Modalities as need for pain. Can include cold packs, ES, indirect soft tissue work.

Postoperative Week 5 – 6

Goals:

1. Progress ROM and Exercises
2. Control any post operative pain/swelling
Treatment:
- Progress to FWB for smaller lesions. Patient will continue NWB for larger lesions.
- Add cycling with 0 to minimal resistance
- Progress Pool exercises
- Add toe flexor and extensors into workout
  - Towel crunching
  - Marble pick ups
- Continue ROM program passive, a/a, and active
- Modalities as need for pain. Can include cold packs, ES, indirect soft tissue work.

Postoperative Week 7 – 8

Goals:
1. Full ROM Plantar and Dorsiflexion
2. Initiate Inversion and Eversion
3. Able to ambulate FWB with assistive device for normalized gait pattern
4. control post operative pain/swelling

Treatment:
- continue Passive, Active Assist and Active ROM
- Add inversion and eversion passive/active assist and active ROM
- Ambulation to FWB with assistive device
- Increase time and resistance on exercise bike
- Progress resistance exercises for the knee and hip
- Modalities as need for pain. Can include cold packs, ES, indirect soft tissue work, light mobilizations

Postoperative Week 8-10

Goals:
1. Full ROM
2. Ambulating FWB with decreased use of assistive device to discharge of assistive device
3. Begin Eccentric training and stretching programs
4. control post operative pain/swelling
5. Incorporate trunk and UE training

Treatment:
- Progress ROM therapeutic exercises
- Training to ambulate with decreased assistive devices
  - Walker to crutch to cane to no assistive device
- Increase resistances on exercise bike
- Stairs, Stairmaster. Start with smaller heights and build up from there
- Leg press/total gym. Progress from minimal weight to moderate weight as tolerated.
- Treadmill
- Modalities as need for pain. Can include cold packs, ES, indirect soft tissue work.
- Trunk and UE resistance and endurance training
Postoperative Week 11-12

**Goal**
1. Able to ambulate at normal functional speeds with good pattern
2. Fair proprioception
3. Control post operative pain/swelling
4. Progress trunk and UE training

**Treatment:**
- Progress closed chain exercises
- Proprioceptive exercises
  - Single leg stance (SLS) on flat ground
  - SLS on balance pad
  - SLS using rebounder
- Increase speeds on treadmill **NO RUNNING OR JOGGING!!**
  - Okay to add 1-3% incline as tolerated
- Progress stretching program
- Incorporate Elliptical
- Concentric and eccentric training of the Dorsiflexors/Plantarflexors/Evertors/Invertors
- Modalities as need for pain. Can include cold packs, ES, indirect soft tissue work.
- Trunk and UE resistance and endurance training

Postoperative Week 13-20

**Goal:**
1. Restoration of non-impacting function
2. Progression of resistive gym workouts
3. Progress trunk and UE training

**Treatments:**
- Increase resistances and times to all exercises
- **Avoid any repetitive impact exercise**
- Continue proprioceptive training
- Cross training
  - Outdoor bicycling
  - Skating
  - Rollerblading
  - Cross-country skiing
  - Swimming
- Trunk and UE resistance and endurance training

Postoperative Week 21 – 1year

**Goal:**
1. Full return to unhindered sports/activities
2. Progress trunk and UE training

**Treatments:**
- Initiate impact training
- light jog on treadmill
- Progress jogging to outdoors
  - Progress resistance training with emphasis on single limb loading.
  - Jumping, landing, running in circles, carioca, cutting
  - Sport specific drills in a controlled setting
  - Progress speeds and intensities until full speed
  - Trunk and UE resistance and endurance training

*Return to sports requires clearance from surgeon and the ability to perform all duties of the sport being returned to at the necessary speed, strength, intensity and level of difficulty.*