

# Ankle Arthroscopy Osteochondritis Dissecans Protocol

Phase 1 (Weeks Two To Six)	Phase 2 (Weeks Six To Twelve)
<b>Initial Evaluation</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ AROM Hip/knee/ankle</li> <li>➤ Pain level</li> <li>➤ Edema</li> <li>➤ NWB 4-6 weeks per MD</li> <li>➤ Sutures removed</li> <li>➤ Utilize AROM HEP in favor of formal therapy for initial 4weeks per MD</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pain/Edema</li> <li>➤ AROM in all planes Ankle</li> <li>➤ Strength</li> <li>➤ Progress to WBAT per MD</li> <li>➤ Assess ADL's, Pt. RTW</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds</li> <li>➤ <b>Reinforce use of boot and assistive device for weight bearing restrictions per MD</b></li> <li>➤ Instruct in HEP</li> </ul>	<ul style="list-style-type: none"> <li>➤ Wean from crutches as tolerated</li> <li>➤ Wean from boot? Specific timeframe?</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Gentle AROM DF/PF of ankle</li> <li>➤ Hip and knee/core strengthening</li> <li>➤ Towel stretching</li> <li>➤ Edema control</li> </ul>	<ul style="list-style-type: none"> <li>➤ Stationary bicycle-light resistance</li> <li>➤ Progress from towel to standing gastroc stretch</li> <li>➤ Begin light ankle strengthening (pocketbook, resistive band) when AROM full all planes.</li> <li>➤ Progress to closed chain/proprioception exercise- Baps board sitting/standing- progressing wt shifting/balance/proprioception activities.</li> <li>➤ Continue core/hip strengthening.</li> <li>➤ Aquatics, if land -based exercise not tolerated due to pain</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ None (Primary HEP)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> <li>➤ PROM and joint mobilization as needed</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Edema reduction completed at home</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> <li>➤ Restore normal plantarflexion and dorsiflexion AROM</li> </ul>	<ul style="list-style-type: none"> <li>➤ Normal gait</li> <li>➤ Restore normal AROM all planes</li> <li>➤ No pain with ADL's</li> </ul>

<b>Phase 3 (Weeks Twelve To Discharge)</b>
<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Strength and balance</li> <li>➤ Address any deficits that may limit return to work or sport expectations</li> <li>➤ HEP compliance</li> <li>➤ Assess foot/ankle biomechanics and consider orthotics with MD input</li> </ul>
<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Progress balance/proprioception activity to single leg dynamic activity progressing to unstable surfaces</li> <li>➤ Cardiovascular training (bike and elliptical)</li> <li>➤ Complete agility and running activity as tolerated</li> <li>➤ May begin bilateral low level plyometrics as tolerated.</li> </ul>
<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Any as indicated</li> </ul>
<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any as indicated</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Normal strength</li> <li>➤ Return to work or sport</li> <li>➤ Independence with HEP</li> </ul>

**REFERENCES:**

McGahan, JP and Phinney SJ: Current Concept Review: Osteochondral lesions of Talus: Foot and Ankle International, 2010.

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Badekas, T, Takvorian, M and Souras, N: Treatment principles of osteochondral lesions in the foot and ankle: International Orthopaedics, 2013.[PMC]

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