

Lothian Physiotherapy Orthopaedic Guidelines

Ankle Arthroscopy

Introduction

Surgery: Ankle arthroscopy

Indications: Recurrent instability, pain, reduced function, joint laxity, chronic swelling, catching/grinding symptoms.

Expected length of stay: Daycase

Surgeons: Mr McKinley, Mr. Amin, Mr. Shalaby

Scope of Practice

These guidelines are designed as a guide to assist physiotherapists when treating patients following this surgical procedure. These guidelines were formulated through a process of systematic review of the current evidence base as well as medical and peer consultation. These guidelines should be used in conjunction with clinical reasoning skills and patients should always be treated on a case by case basis.

Aim

The aim of these guidelines is to provide physiotherapy staff with recommendations from the current evidence base to assist them in the management of patients who have undergone this surgical procedure.

Literature review question

What is an appropriate rehabilitation program following ankle arthroscopy from day of surgery through outpatient physiotherapy to return to function and sport in order to maximise outcome?

Search Process

The databases below were searched as noted. The titles and abstracts of all identified studies were assessed to determine whether they were pertinent to the research question. Results were combined to ensure articles were not duplicated. These databases were also searched for any additional papers not found in the initial searches that referenced any of the studies in the previous versions reference list.

Appraisal process: 37

Total number of articles selected from 2014-2020: 11

Total number of papers included in previous review from 2000-2014: 8

Databases	Dates	Limitations
CINAHL	2014-2020	English
EMBASE	2014-2020	English
Medline	2014-2020	English
Scopus	2014-2020	English
PEDro	2014-2020	English
Science Direct	2014-2020	English

Ankle Arthroscopy OR Keyhole Surgery	AND/OR
	Physiotherapy
	Rehabilitation
	Physical therapy
	Post-operative
	Post-surgery
	Ankle

Results

- No individual article answered the research question in its entirety
- For this reason, it was not possible to objectively appraise papers on quality
- All favoured early range of movement as tolerated
- Guidelines from other centres were considered as were the opinions of referring consultants

Key Points

- Lack of studies of any quality examining optimal post-operative rehabilitation following ankle arthroscopy– no conclusive evidence to guide physiotherapy practice
- Early range of movement is favourable
- In general crutch weight bearing was favoured initially
- Weight bearing status will depend on any additional procedures such as lateral ligament reconstruction, syndesmosis fixation or the treatment of osteochondral lesions, rather than the arthroscopy alone
 - Surgeon, technique and patient dependent
 - Consult operation note or orthopaedic clinic letter for any specific post-op weight bearing instructions
- Decision to brace/immobilise - surgeon preference
- Return to sport between 6-12 weeks post op
- The use of functional outcome measures in the literature is limited

Recommendations:

Rehabilitation guidelines to be used with clinical judgement – please note that timescales are approximate and progression through the stages is guided by minimal swelling, resolution of pain, good range of movement, good muscle recruitment and no changes in ligament laxity on testing

Early Stage

Goals

Reduce swelling

Increase range of motion

Increase mobility

Recommendations

Relative rest, ice, elevation, compression
Gentle scar massage if evidence of adhesions

Active ankle range of movement:
dorsiflexion, plantarflexion, inversion
& eversion
Maintenance exercises: knee, hip,
pelvis, core

Gait re-education, wean off crutches
as able

Middle Stage

Goals

Increase range of motion

Increase muscle strength

Increase neuromuscular control

Recommendations

Weight bearing stretches - calf / Achilles
tendon stretches

Isometrics progressing to through-range
and eccentric loading
Lower limb strengthening; squats,
step ups, dips, leg press, quadriceps
bench, hamstring bench, core and
gluteal exercises

Proprioception: Single leg stance
progressing to unstable surface work

Late Phase

Goals

Restore full muscle power & endurance

Recommendations

Progress proprioception exercises
Core / lower limb kinetic chain exercises
Consider orthotic referral if required
Commence sport-specific
rehabilitation

Criteria for return to function & sporting activity

Non-reactive ankle

Subjective outcome measure such as the Lower Extremity Functional Scale
(LEFS)

Expectations

The aim of surgery is to provide symptomatic relief and allow return to sport.

Return to sport is expected between 6-12 weeks after surgery, but is dependent on the individual.

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