<table>
<thead>
<tr>
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<td>Drugs &amp; Therapeutics Committee</td>
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<tr>
<td>Related Documents</td>
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<tr>
<td>Author</td>
<td>Joanna Benfield, Foot &amp; Ankle Specialist Physiotherapist, RNOH</td>
</tr>
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<td>Owner (Executive Director)</td>
<td>Lucy Davies</td>
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<td>Superseded Documents</td>
<td>Rehab Guidelines for Anterior Ankle Arthroscopy (2014)</td>
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<td>Rehabilitation, foot and ankle surgery, ankle arthroscopy, ankle impingement, loose bodies, osteochondral lesions, synovitis, ankle instability, physiotherapy, complications, outcomes, milestones, function, treatment, exercise, pain relief, restrictions, limitations, sport, fitness, postural awareness, pain education, mobility, goals, precautions, compliance, ankle pain, leg pain, foot pain.</td>
</tr>
</tbody>
</table>
| Consultation Group/Approving Bodies/Subject Matter Expert | Members of Foot and Ankle Unit Team (4 consultants, & Clinical Nurse Specialist)  
Members of Outpatient Musculoskeletal Physiotherapy Team (Band 5, 6, 7 and 8a staff members at Stanmore and Bolsover Street)  
Members of Inpatient Orthopaedic Physiotherapy Team (Band 7 and 8a staff members) |
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1. Equality Impact Assessment (EIA) Disclosure Statement

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<td>This policy was assessed on the 1st day of June 2017 for its impact on equality. The assessment determined that the policy will not have a significant negative impact on equality in relation to each of the protected staff/patient groups below:</td>
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<td>i.) Age; ii.) Sex (Male and Female); iii.) Disability (Learning Difficulties/Physical or Sensory Disability); iv.) Race or Ethnicity; v.) Religion and Belief; vi) Sexual Orientation (gay, lesbian or heterosexual); vii) Pregnancy and Maternity; vii) Gender Reassignment (The process of transitioning from one gender to another); viii) Marriage and Civil Partnership.</td>
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1. Privacy Impact Assessment (PIA) Disclosure Statement

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2. Introduction and aims

Please note that this is advisory information only. Individual / your experiences may differ from those described. All exercises must be demonstrated to a patient by a fully qualified physiotherapist. We cannot be held liable for the outcome of you undertaking any of the exercises / interventions shown here independently of direct supervision from the RNOH.

As a specialist orthopaedic hospital we recognise that our broad and often complex patient group needs an individualised rehabilitation approach. Our emphasis is on patient-specific rehabilitation, which encourages recognition of those patients who may progress slower than others. These rehabilitation guidelines are therefore ‘milestone driven’ and designed to provide an equitable rehabilitation service to all our patients. They will also limit unnecessary visits to the outpatient clinic at RNOHT by helping the patient and therapist to identify when specialist review is required.

3. Definitions

See section 6.

4. Duties and Responsibilities

Not applicable for this guideline.
5. **Body of Policy**

**Team Contact Details:**
Foot & Ankle Unit Consultants: Mr Singh, Mr Cullen, Mr Goldberg & Mr Welck

**Foot and Ankle Unit:**
- Tel: 0208 909 5125
- E-mail: footandankle@rnoh.nhs.uk

(Please note that if e-mailing from an e-mail address external to RNOH that this e-mail address is not secure so please do not include patient identifiable data)

**Physiotherapy Department:**
- Tel: 0208 909 5820
Indications for surgery:
- Ankle impingement
- Osteochondral lesions
- Ankle instability
- Septic arthritis
- Arthrofibrosis
- Removal of loose bodies
- Synovitis
- Ossicles, adhesions
- Fracture

Possible complications:
- Infection
- Bleeding
- Nerve damage
- Deep Vein Thrombosis
- Pulmonary Embolism
- Persistent/Recurrent pain
- Iatrogenic damage to the joint surfaces by the arthroscope

Surgical techniques
An ankle arthroscopy is a procedure that involves making two or more small incisions or portals. At the RNOH, the incisions used are usually antero-lateral and antero-medial. A small arthroscope is inserted into the ankle allowing the surgeon to see and operate inside the joint. Ankle arthroscopy is usually carried out under a general anaesthetic, usually as a day case or in some instances as an overnight stay in hospital.

Expected outcome:
- Improved function / mobility
- Improved pain with decreased analgesic requirements
- Increased range of movement at the ankle
Pre-operatively
The patient will be seen pre-operatively where able and with consent, the following will be assessed or discussed:

- Current functional levels
- General Health
- Social history and home set up
- Ability to mobilise, plus the provision of appropriate walking aids to be used post-operatively
- Post-operative expectations
- Post-operative management explained, including the provision of bed exercises.

Post-operatively
Always check the operation notes, and the post-operative instructions. Discuss any deviation from routine guidelines with the team concerned. This is very important as the patient may have had a combination of techniques which may affect weight-bearing status and progressions.
INITIAL REHABILITATION PHASE: 0-2 Weeks

Goals:
- To be safely and independently mobile with appropriate walking aid, adhering to weight bearing status
- To be independent with home exercise programme as appropriate
- To understand self-management / monitoring, e.g. skin sensation, colour, swelling, temperature, circulation, elevation

Restrictions:
The post-operative weight bearing status and progression of this will be dependent upon the surgical techniques performed during the arthroscopy. The surgical team will advise when to progress weight bearing. As a guide, below are the weight bearing restrictions for ankle arthroscopy, and for ankle arthroscopy plus osteochondral defect (OCD) microfracture.

- Ensure that weight bearing restrictions are adhered to:
  **Ankle Arthroscopy:**
  - Full Weight Bearing (FWB) using walking aid as necessary until the ankle becomes more comfortable
  **Ankle Arthroscopy plus Osteochondral Defect (OCD) microfracture:**
  - Non Weight Bearing (NWB) until 12 weeks post-operatively

- Elevation
- If sedentary employment, may be able to return to work from 3 days post-operatively, as long as provisions to elevate leg, and no complications. If employment is more physically demanding and involves heavy manual work or standing for long periods then 1-2 weeks off work may be necessary. This may be longer in those with osteochondral lesions.

Treatment:
It is not always necessary to be seen by a physiotherapist after an arthroscopy. Recovery is expected with time. However, if the team feel that input is indicated, they will refer to physiotherapy.

- Pain-relief:
  - Ensure adequate analgesia
  - Ice as required and as appropriate
- Elevation
- Exercises:
  - Teach circulatory exercises
  - Passive range of movement of ankle
- Education: teach how to monitor sensation, colour, circulation, temperature, swelling, and advise what to do if concerned
- Mobility: ensure patient independent with transfers and mobility using appropriate walking aid, including stairs if necessary.
On discharge from ward:
- Independent and safe mobilising, including stairs if appropriate
- Independent with transfers
- Independent and safe with home exercise programme / monitoring

Milestones to progress to next phase:
- Team to refer to outpatient physiotherapy from clinic at 2 weeks if necessary
- Team to refer to physiotherapy if required to review safety of mobility / use of walking aids or if required on progression of weight bearing status
- Adequate analgesia

Failure to meet milestones:
- Refer back to team / Discuss with team
RECOVERY REHABILITATION PHASE: 2 weeks - 6 weeks

Goals:

Ankle Arthroscopy:
- To wean from walking aid
- To regain normal gait pattern
- To progress home exercises to optimise range of movement and strength around ankle and throughout kinetic chain and core as appropriate
- To return to normal function

Ankle arthroscopy plus OCD microfracture:
- To progress home exercises to optimise range of movement and strength around ankle and throughout kinetic chain and core as appropriate

Restrictions:
- Ensure that weight bearing restrictions are adhered to:
  Ankle Arthroscopy plus Osteochondral Defect (OCD) microfracture:
  - Non Weight Bearing (NWB) until 12 weeks post-operatively
- Elevation

Treatment:
- Pain relief
- Advice / Education
- Posture advice / education
- Mobility: ensure safely and independently mobile within weight bearing restrictions. For ankle arthroscopy progress off walking aids as able and appropriate. (For ankle arthroscopy plus OCD microfracture will be still NWB).
- Gait Re-education
- Exercises:
  - Passive range of movement (PROM)
  - Active assisted range of movement (AAROM)
  - Active range of movement (AROM)
  - Strengthening exercises as appropriate
  - Core stability work
  - Balance / proprioception work once appropriate
  - Stretches of tight structures as appropriate (e.g. Achilles Tendon)
  - Review lower limb biomechanics and kinetic chain. Address issues as appropriate
- Swelling Management
- Manual Therapy:
  - Soft tissue techniques as appropriate
  - Joint mobilisations as appropriate
- Monitor sensation, swelling, colour, temperature, circulation
- Orthotics if required via surgical team
- Hydrotherapy if appropriate
- **Pacing advice** as appropriate

**Milestones to progress to next phase:**
- Safe and independently mobile with appropriate walking aid adhering to relevant weight bearing status as required
- Independent and safe with monitoring / current exercises
- Adequate analgesia

**Ankle Arthroscopy:**
- Muscle strength around ankle at least grade 4 on Oxford scale

**Failure to meet milestones:**
- Refer back to team / Discuss with team
- Continue with outpatient physiotherapy if still progressing
INTERMEDIATE REHABILITATION PHASE: 6 weeks – 12 weeks

**Goals:**

**Ankle Arthroscopy:**
- Independently mobile unaided
- Grade 4 or 5 muscle strength around ankle
- Full range of movement
- Optimise normal movement
- Independent with home exercise programme / maintenance programme
- Return to normal activity

**Ankle arthroscopy plus OCD microfracture:**
- To progress home exercises as appropriate to optimise range of movement and strength around ankle and throughout kinetic chain and core

**Restrictions:**
- Ensure that weight bearing restrictions are adhered to:
  - **Ankle Arthroscopy plus Osteochondral Defect (OCD) microfracture:**
    - Non Weight Bearing (NWB) until 12 weeks post-operatively
  - Elevation

**Treatment:**
Further progression of the above treatment:
- **Pain relief**
- **Advice / Education**
- **Posture advice / education**
- **Mobility:** Progression of mobility and function for ankle arthroscopy. (For ankle arthroscopy plus OCD microfracture will be still NWB).
- **Gait Re-education**
- **Exercises:**
  - Range of movement exercises as appropriate
  - Progression of strengthening exercises as appropriate
  - Core stability work
  - Balance / proprioception work as appropriate.
    - This may include for ankle arthroscopy progression to use of wobble boards, trampet, gym ball, dyna-cushion and progression to working in multi-plane directions.
    - Ankle arthroscopy plus OCD microfracture will still be NWB.
  - Stretches of tight structures as appropriate (e.g. Achilles Tendon)
  - Review lower limb biomechanics and kinetic chain. Address issues as appropriate.
  - Sports specific rehabilitation as appropriate including for ankle arthroscopy increasing dynamic control with specific training to functional goals. Ankle arthroscopy plus OCD microfracture will still be NWB.

**Swelling Management**
• **Manual Therapy:**
  o Soft tissue techniques as appropriate
  o Joint mobilisations as appropriate
• **Monitor** sensation, swelling, colour, temperature, circulation
• **Orthotics** if required via surgical team
• **Hydrotherapy** if appropriate
• **Pacing advice** as appropriate

**Milestones for discharge for ankle arthroscopy:**
Ankle arthroscopy may be ready for discharge at 12 weeks post-operation. If further input is required, continue with the above phase input until milestones for discharge are achieved.

**Ankle Arthroscopy:**
• Independently mobile unaided
• Grade 4 or 5 muscle strength around ankle
• Full range of movement
• Independent with home exercise / maintenance programme
• Return to normal functional level
• Appropriate patient-specific functional goals achieved
• Return to sports if set as patient goal

**Milestones to progress to next phase for ankle arthroscopy plus microfracture:**
**Ankle arthroscopy plus OCD microfracture:**
• Safe and independently mobile with appropriate walking aid adhering to relevant weight bearing status
• Independent and safe with monitoring / current exercises
• Adequate analgesia

**Failure to meet milestones:**
• Refer back to team / Discuss with team
• Continue with outpatient physiotherapy if still progressing
FINAL REHABILITATION PHASE: 12 weeks – 9 months

Goals:
- Independently mobile unaided
- Grade 4 or 5 muscle strength around ankle
- Full range of movement
- Optimise normal movement
- Independent with home exercise programme / maintenance programme
- Return to normal activity
- Return to sports if set as patient goal

Restrictions:
- Ensure that weight bearing restrictions are adhered to:
  - Ankle Arthroscopy plus Osteochondral Defect (OCD) microfracture:
    - Full Weight Bearing (FWB) from 12 weeks once team have advised weight bearing can be progressed

Treatment:
Further progression of the above treatment:
- Pain relief
- Advice / Education
- Posture advice / education
- Mobility: Progression of mobility and function. Wean from walking aids.
- Gait Re-education
- Exercises:
  - Range of movement exercises as appropriate
  - Progression of strengthening exercises as appropriate
  - Core stability work
  - Balance / proprioception work as appropriate which may include progression to use of wobble boards, trampet, gym ball, dyna-cushion and progression to working in multi-plane directions.
  - Stretches of tight structures as appropriate (e.g. Achilles Tendon)
  - Review lower limb biomechanics and kinetic chain. Address issues as appropriate.
  - Sports specific rehabilitation as appropriate increasing dynamic control with specific training to functional goals.
- Swelling Management
- Manual Therapy:
  - Soft tissue techniques as appropriate
  - Joint mobilisations as appropriate
- Orthotics if required via surgical team
- Hydrotherapy if appropriate
- Pacing advice as appropriate
Milestones for discharge:

- Independently mobile unaided
- Full range of movement
- Grade 4 or 5 muscle strength around ankle
- Independent with home exercise / maintenance programme
- Return to normal functional level
- Appropriate patient-specific functional goals achieved
- Return to sports if set as patient goal
## FAILURE TO PROGRESS

If a patient is failing to progress, then consider the following:

<table>
<thead>
<tr>
<th>POSSIBLE PROBLEM</th>
<th>ACTION</th>
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</table>
| Swelling         | Ensure elevating leg regularly  
                   Use ice as appropriate if normal skin sensation and no contraindications  
                   Decrease amount of time on feet  
                   Pacing  
                   Use walking aids  
                   Circulatory exercises  
                   If decreases overnight, monitor closely  
                   If does not decrease overnight, refer back to surgical team or to GP |
| Pain             | Decrease activity  
                   Ensure adequate analgesia  
                   Elevate regularly  
                   Decrease weight bearing and use walking aids as appropriate  
                   Pacing  
                   Modify exercise programme as appropriate  
                   If persists, refer back to surgical team or to GP |
| Breakdown of wound e.g. inflammation, bleeding, infection | Refer to surgical team or to GP |
| Numbness/ altered sensation | Review immediate post-operative status if possible  
                              Ensure swelling under control  
                              If new onset or increasing refer back to surgical team or GP  
                              If static, monitor closely, but inform surgical team and refer back if deteriorates or if concerned |

6. Monitoring and the effectiveness of this policy

This guideline will be reviewed 5 yearly.
Appendix 1: Glossary of Terms

Not applicable.
## Appendix 2: Other linked trust policies and guidelines

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All other RNOH Physiotherapy Rehabilitation Orthopaedic Post-operative Guidelines (Knee, Sarcoma Unit, Peripheral Nerve Injuries, Shoulder & Upper Limb, Spinal Surgery Unit)
Summary of evidence for physiotherapy guidelines

A comprehensive literature search was carried out to identify research relating to ankle arthroscopy surgery and subsequent rehabilitation. After reviewing the articles and information, the physiotherapy guidelines were produced on the best available evidence.


This policy is available on request in large print and alternative languages. It is a manager’s responsibility to ensure employees are aware of these options.

* The following policies must be sent for review to the Local Counter Fraud Specialist:

- Fraud and Bribery
- Standard Financial Instructions
- Declaration of Interests
- Gifts and Hospitality
- Whistleblowing
- Disciplinary
- IT
- Anti-Money Laundering
- Managing Sickness Absence
- Secondary Employment
- Expenses
- Overpayment
- Financial Redress
- TOIL (Time off in Lieu)
- Code of Conduct/Standards of Business Conduct
- Data Protection
- Lone Worker
- Patient Transport
- Commercial Sponsorship
- Overseas Visitors
- Disclosure