Rehabilitation guidelines for patients undergoing Anterior Ankle Arthroscopy

At the RNOH, our emphasis is patient specific, which encourages recognition of those who may progress slower than others. We also want to encourage clinical reasoning.

Milestone driven
These are milestone driven guidelines designed to provide an equitable rehabilitation service to all our patients. They will also limit unnecessary visits to the Out-patient clinic at RNOHT by helping the patient and therapist to identify when specialist review is required.

Team contact details:
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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 Procedure:
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
- Improved pain with reduction in analgesic requirements
- Increased range of movement at the ankle

Pre-operatively:
Where possible the patient will be seen pre-operatively and, with consent, the following assessed
- Current functional levels
- General Health
- Social / Work / Hobbies
- Functional Range of Movement
- Gait / mobility, including walking aids, orthoses, etc
- Post-operative expectations
- Patient information leaflet issued
- Post-operative management explained
RECOVERY REHABILITATION PHASE
0 weeks - 2 weeks

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

Restrictions:
The patient can mobilise FWB immediately post operatively. Unless a large osteochondral lesion treated, in which case, patients may be advised to mobilise NWB. They should use crutches, if required, until the ankle becomes more comfortable, usually 2-3 days. NWB patients will be monitored in clinic and weight bearing progressed at the team’s discretion.

Treatment:
It is not always necessary to be seen by a physiotherapist after an arthroscopy. It is expected that you will recover fully with time, usually within 3 months. However, if your consultant feels it is appropriate, he may refer you to be seen by a physiotherapist. Treatment will focus on:
- **Pain-relief:** Ensure adequate analgesia, ICE as required.
- **Elevation:** ensure elevating leg with foot higher than waist
- **Exercises:** teach circulatory exercises and passive range of movement
- **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, including stairs if necessary.
- **Driving:** Patients should not return to driving until their ankle is comfortable and they have usual range of movement and strength. They MUST be safe to perform an emergency stop, and also should be advised to inform their insurance company and the DVLA about the surgery to ensure they are covered.
- **Wound care:** Stitches to be removed if the patient is seen 2 weeks or less postoperatively, otherwise patients will be advised what to do by the ward staff.

Exercises:
- Range of movement and strength of the foot and ankle
- Balance / proprioception work once appropriate
- Review kinetic chain. Address issues as appropriate.
- Gait re-education may also be required, especially in those with restricted weight bearing initially.
- **Swelling management**
Return to work:
If the patients' job involves sitting for the majority of the day they can return after 3 days. If their job is 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.
INTERMEDIATE REHABILITATION PHASE
2 weeks – 6 weeks

Goals:
- To wean off walking aid and regain normal gait pattern
- To progress home exercises
- To return to work/normal function

Restrictions:
At this stage there are no restrictions and you are expected to progress your exercises and walking as pain allows. It is unlikely you will cause any further injury, however the pain is your body’s way of telling you to slow down.

Treatment:
- **Education:** Continue with advice on pain relief, and swelling management if still indicated.
- **Exercises:**
  - Strength of the foot and ankle against resistance
  - Balance / proprioception work once appropriate
  - Review kinetic chain. Address issues as appropriate.
  - Gait re-education may also be required, especially in those with restricted weight bearing initially.
  - Progression from low impact cardiovascular exercise i.e cycling to running
FINAL REHABILITATION PHASE
6 weeks – 3 months

Goals:
- To return to full sporting activity
- To progress high level exercises

Treatment:
- **Education:** Guidance on safe progression to impact exercises.
  - **Exercises:**
    - Balance work should be progressed in multi plane directions.
    - If not already doing so, begin hopping and bounding exercises and progress to jogging and running.
If patient is failing to progress, consider the following:

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<thead>
<tr>
<th>POSSIBLE PROBLEM</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>Swelling</td>
<td>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. Modify exercise programme as appropriate. Should continue isometric work at all times. If decreases over night, monitor closely. If does not decrease over a few days, refer back to surgical team.</td>
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<tr>
<td>Pain</td>
<td>Decrease activity. Ensure adequate analgesia. Elevate regularly. Decrease weight bearing and use walking aids as appropriate. Pacing. Modify exercise programme as appropriate. Should continue isometric work at all times. If persists, refer back to surgical team.</td>
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<td>Breakdown of wound e.g. inflammation, bleeding, infection</td>
<td>Refer to surgical team.</td>
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<td>Numbness / altered sensation</td>
<td>Review immediate post-operative status if possible. Ensure swelling under control. If new onset or increasing refer back to surgical team. If static, monitor closely, but inform surgical team and refer back if deteriorates or if concerned.</td>
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Reference List


