



## **Anterior ankle arthroscopy**

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### **Surgical Procedure:**

An ankle arthroscopy is a procedure that involves making two or more small incisions or portals, usually antero-lateral and antero-medial. A small arthroscope is inserted into the ankle allowing the surgeon to see and operate inside the joint.

### **Expected outcome:**

- Improved function
- Improved pain with reduction in analgesic requirements
- Increased range of movement at the ankle

**Physiotherapy: milestone driven to encourage clinical reasoning**

**Please consult Operative notes for any variations in rehabilitation**

## Initial 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:

Most patients can mobilise **FWB** immediately post operatively. If a large osteochondral lesion has been treated, 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:

- **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.

### 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 most patients have no restrictions and they are expected to progress with exercises and walking as pain allows. The exception to this could be treatment of large osteochondral lesions as stated above, and postoperative instructions should be followed

### **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.

## Failure to progress

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

<b>POSSIBLE PROBLEM</b>	<b>ACTION</b>
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
Recurrent Instability	Refer back to surgical team Ensure exercises not too advanced for patient Address core stability Liaise with podiatrist/orthotics re, footwear
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

## Reference List

1. Bojanic, I. Franic, M. Ivkovic, A. (2007) Arthroscopic surgery of the ankle. *Ljpec Viesn*, May 129 (5); 152-157.
2. Glazebrook, M.A. Ganapathy, V. Bridge, M.A. Stone, J.W. Allard, J.P. (2009). Evidence-based indications for ankle arthroscopy. *Arthroscopy*. Dec; 25 (12). 1478-1490.
3. Gomoll, A.H. (2007) Advances in arthroscopic surgery: indications and outcomes. *Curr Opin Rheumatol*. Mar 19 (2); 106-110.
4. De Leeuw, P.A. Van Sterkenburg, M.N. Van Dijk, C.N. (2009) Arthroscopy and endoscopy of the ankle and hindfoot. *Sports Med Arthrosc*. Sept 17 (3). 175-184
5. Lee, D. Lee, K. Jung, S. Seon, J. Kim, Myung. Sung, I. (2012) Comparison of early versus delayed weightbearing outcomes after microfracture for small to midsized osteochondral lesions of the talus. *Am J Sports Med*. Sept 40 (9) 2023-202