

NASSOS ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

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PATIENT NAME: _____

DATE: _____

ANKLE ARTHROSCOPY PROTOCOL

PHYSICAL THERAPY:

WEEK 1-4: SWELLING CONTROL AND PAIN CONTROL MODALITIES.
WBAT ALLOWED.

JOINT MOBILIZATION AND AROM AS TOLERATED.

PROGRESSIVE RESISTANCE EXERCISES AND INTRINSIC STRENGTHENING.

CLOSED CHAIN EXERCISES AS TOLERATED.

WEEK 4-8: ADVANCE RESISTIVE EXERCISES. ADVANCED BALANCING TRAINING.
BEGIN PROPRIOCEPTIVE TRAINING EXERCISES AND PNF.
IONTOPHORESIS AS NEEDED.

WEEK 9-12: BEGIN RUNNING, SPORT SPECIFIC TRAINING AND WORK HARDENING
AS NEEDED FOR RETURN TO FULL ACTIVITY.

FREQUENCY: _____ DURATION: _____

SIGNATURE: _____ JONATHAN T. NASSOS, M.D.