

1 to 3 weeks

if



**Department of Orthopaedic Surgery  
Sports Medicine and Shoulder Service**

**Ankle Arthroscopy with or w/o Talus  
OCD Microfracture Rehab Protocol  
Prescription**

**Patient Name:**

**Date:**

**Diagnosis: Ankle synovitis talar OCD lesion  
Frequency: 2-3 visits/week Duration:  
3 months**

**Talar OCD microfracture performed Y / N**

**Post-operative Period**

**0 to 1 week**

- Splint immobilization
- Crutches with non-weight-bearing
- Daily icing, compression and elevation home program
- If microfracture is performed
  - Toe touch weightbearing is continued for 6 weeks with crutches
  - Advance to weightbearing as tolerated to wean the crutches off by 8 weeks
  - Perform ROM and strengthening exercises non-weightbearing for first 6 weeks

- Advance range of motion exercises
- Foot intrinsic strengthening
- Ankle isometric strengthening exercises
- Balance and proprioception exercises
- Stationary biking/swimming
- Begin 4-plane theraband strengthening
- Gradual return to functional activities
- Modalities as indicated
- Daily HEP

**Functional Rehab Phase (6 to 12 weeks)**

- Continue and advance ankle strengthening exercises
- Evaluate for any core and hip weakness and treat accordingly
- Begin double leg squats, calf raises, and toe raises
- Progress to single leg squats, calf raises, and toe raises
- Advance balance and proprioception exercises
- Initiate elliptical trainer and treadmill walking as tolerated, then straight plane jogging
- Controlled lateral agility work
- Modalities as indicated
- Daily HEP

**Maintenance Phase**

- Consider bracing for activity/sports (not mandatory)
- Advanced single leg balance and proprioception exercises

Progress lateral agility exercises and advanced agility drills

Functional activity/sports-specific training

Phase out supervised rehab

Advance home strengthening program to be done daily

Encourage maintenance gym work-outs focusing on ankle stabilization, core and hip strengthening

**Criteria for Return to Sports/Full Activities:**

1. Full functional range of motion
2. No pain or swelling with functional activities
3. Good core control and balance/proprioception