



# G&T ORTHOPAEDICS AND SPORTS MEDICINE

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_ CHRISTOS S. GIANNOULIAS, M.D.

\_\_\_ KEVIN C. TU, M.D.

## 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: \_\_\_\_\_, M.D.