

# Ankle Arthroscopy



**Day Surgery Unit**  
**Surgical Short Stay**  
**Physiotherapy Department**

Name of Patient:

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Date:

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Name of Physiotherapist:

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This booklet gives general guidance. Not all of it will apply to your particular case. For example, some patients will have a boot or even plaster cast after an arthroscopy.

## What is an Ankle Arthroscopy?

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An ankle arthroscopy is an investigation of the ankle joint using a fibre-optic camera. Two small cuts are made either side of the ankle for the tiny camera and surgical instruments to be passed into the joint. This allows the surgeon to treat problems found within the ankle joint.

Your Surgeon can remove:

- Scar tissue from inside the joint
- Loose cartilage/and bone to stimulate healing (Microfracture)
- Extra bone which is blocking joint movement (Cheilectomy)

## Are there any alternatives?

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In many cases, physiotherapy and insoles can be helpful in relieving symptoms without the need for an operation. Your orthopaedic doctor will discuss which treatment is most appropriate for your condition.

## What are the potential risks and complications?

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The vast majority of patients do well.

Swelling or stiffness of the joint is to be expected for a few months. Some patients need extra physiotherapy.

Complications during and following this procedure are extremely rare.

However, they include:

- Infection of the joint or wound sites.
- Deep vein thrombosis (DVT) can occur, which is the formation of a clot in the large veins of the lower leg. This can be avoided through regular movement of the leg and resting the leg up when sitting. If you notice a painful, red, warm area in your calf, see your GP or come to A&E.
- Nerve damage or tendon injury
- Numbness of the skin near the keyhole scars.
- Failure to improve symptoms.

## Will it hurt after the surgery?

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You will have local anaesthetic injected into the operated area, which should keep your ankle comfortable after the procedure. It is advisable to take painkiller (later the same day. Painkillers will be dispensed from the unit and we recommend that you continue to take them at the prescribed intervals over the next few days, even if you have not got any pain.

Post op instructions 0-2 weeks

- Elevate your leg above the level of your heart
- Ice the ankle (wrap ice in a towel for 20 minutes on /off)
- Keep dry for two weeks
- Complete physiotherapy exercises (overleaf)
- Reduce the outer dressing at 48 hours
- Keep the small dressing intact

## Will I be able to put all my weight through my operated foot?

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Your surgeon will instruct you about your weight bearing status:

- Weight bear with crutches
- Non Weight bear on crutches for \_\_\_\_ weeks
- Tough Weight bear on crutches for \_\_\_\_ weeks
- Partial Weight bear on crutches for \_\_\_\_ week

## Will I be able to walk normally after surgery?

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Your Physiotherapist will show you how to mobilise safely either before or after your operation using the appropriate walking aid if required.

If you have stairs at home your Physiotherapist will instruct you, if appropriate, on the safe and correct method.

## When can I drive?

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Returning to driving after surgery will depend upon exactly what the treatment you have had.

You should not expect to drive for at least 1 week regardless. After this, you can drive an automatic car if your left ankle was treated. If it is your right ankle, or a manual car, you need clarification from your surgeon with regards to resuming driving. Normally you need to be able to walk comfortably unaided before you can drive using your operated foot. This means at least 2 weeks for a manual car or for right foot surgery.

## Rehabilitation programme:

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Repeat each exercise 10 times, 3 times a day

### 1. Dorsiflexion

Pull your foot towards your nose (while keeping knees straight). Continue until you feel discomfort or can't tilt it any further.

1. Hold this position for 5 seconds.
2. Return to neutral position.
3. Repeat 5 times



### 2. Plantar flexion

Point your foot down (towards a bed/floor). Continue until you feel discomfort or cannot move it any further.

1. Hold this position for 5 seconds.
2. Return to neutral position.
3. Repeat 5 times



### 3. Inversion

Keeping your toes pointed up; turn your foot inward, so the sole is facing your other leg. Continue until either discomfort is felt or you can no longer turn your foot inward.

1. Hold this position for 5 seconds.
2. Return to neutral position.
3. Repeat 5 times



### 4. Eversion

Keeping your toes pointed up, turn your foot outward, away from your other leg. Continue until either discomfort is felt or you can no longer turn your foot outward.

1. Hold this position for 5 seconds.
2. Return to neutral position.
3. Repeat 5 times



### 5. The Alphabet

1. Sit on a chair with your foot dangling in the air or on a bed with your foot hanging off the edge.
2. Draw the alphabet one letter at a time by moving the injured ankle and using the great toe as your "pencil."

## 6. Seated Calf Raise

1. Sit in a chair with the operated foot on the floor.
2. Lift your heel as far as possible while keeping your toes on the floor.
3. Return heel to the floor.  
Repeat 10 times



## 7a. Towel stretch

Sit with your leg straight in front of you. Place a rolled towel under the ball of your foot, holding the towel at both ends. Gently pull the towel towards you while keeping your knee straight. Hold this position for 15 to 30 seconds, and repeat 2 to 4 times. Use caution, and let pain be your guide.



## At 2 weeks

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Your Sutures should be removed and your wound should be checked at two weeks by your GP nurse.

You will then be able to get your ankle wet.

Your first physiotherapy appointment should be booked for around two weeks.

## 2–6 weeks post op

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- Continue to work on the range of motion exercises
- Contrast bathing
- Scar massage
- Start to work on strengthening exercises and theraband resistance exercises (below)
- Cycling on a stationary bike
- Progress to double heel rises
- Start some early proprioception work by standing on skipping rope to create a slightly uneven surface

## Start to progress your towel stretch to the standing stretches

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### 7b. Basic Stretch

Lean against a wall with the operated leg behind the other. Ensure both feet are pointing forwards.

Lean body forwards keeping your back leg straight and heel on the floor but bending your front one.

You should feel a stretch in the back of your calf.

Hold for 30 seconds

Repeat 3-6 times, 3 times a day

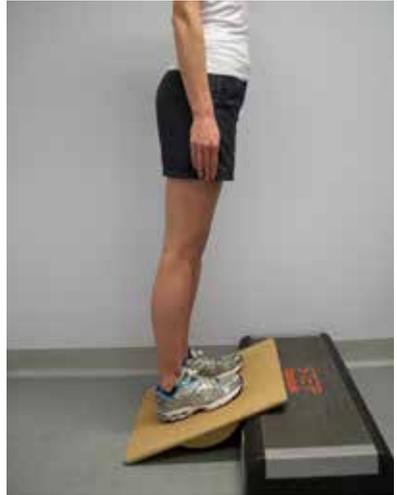


## 7c. Advanced Stretch

Lean your whole body slightly forward, keeping straight.

Hold for 30 seconds

Repeat 6 times (3 minutes),  
3 times a day



## Progressive exercises

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Repeat each exercise 5-10 times, 3-4 times a day

## 8. Dorsiflexion

1. Attach the theraband or a towel to a bed's footboard. Make a loop.
2. Place your foot in a loop.
3. Pull your foot towards your nose until you feel a resistance.
4. Hold this position for 10 seconds.
5. Return to neutral position.



## 9. Plantar flexion

1. Hold a Theraband or a towel in your hands
2. Place the theraband at the sole of your foot and pull it gently towards your nose.
3. Push your foot against the 'the pull'.
4. Hold this position for 10 seconds.
5. Return to neutral position.



## 10. Inversion

1. Hold a theraband or a towel as above.
2. Move your hands to the outside of the knee.
3. Turn your foot inward, against the resistance.
4. Hold this position for 10 seconds.
5. Return to neutral position.



## 11. Eversion

1. As above but move your hands close to your opposite knee.
2. Turn your foot outward, away from your other leg.
3. Hold this position for 10 seconds.
4. Return to neutral position.



## 12. Inversion/Eversion weight bearing exercises

1. Place a skipping rope or a wooden spoon on the floor.
2. Stand on it with your operated leg wearing a flat shoe. Hold for the balance.
3. Keeping your knee straight roll your foot in and out. The movement should look like a 'see-saw'.
4. Repeat 3 times 15 twice a day.



**You and your physiotherapist will follow the Award system (goals to reach) below.**

**This will help you to progress through your rehabilitation programme in order to regain your strength and function without causing new injury.**

**At your follow up appointment your surgeon may inquire about Award level you have reached in order to monitor your rehabilitation progress.**

## **6 weeks onwards**

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### **BRONZE AWARD**

- Double heel raises (DHR)
- You can go up and down on tiptoes in sets of 3, slowly and 15 reps in each
- You can stand on a skipping rope and adjust your foot position
- You can hold a DHR for 15 seconds

### **SILVER AWARD**

- Double heel raises with a lift
- May need to add weight in backpack on
- DHR to reach silver level
- You go up on both feet but lift un-operated
- leg and lower slowly only on operated leg
- 3 sets, working to 15 reps in each
- You can stand both feet on a wobble
- board

## **GOLD AWARD**

- single heel raises
- 3 sets, working to 15 reps in each
- You can stand on one foot on wobble board

## **PLATINUM AWARD**

- Progress to hopping in all directions
- Lunges
- Gentle jogging to reintroduce running

## **References**

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- Wolfe MW., Management of Ankle Sprains *Am Fam Physician.* 2001 Jan 1;63 (1):93-105.





## Contact details

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For further information, please do not hesitate to contact:

### **Physiotherapy Department**

Telephone: 01483 464153, Monday–Friday, 8am–4pm

### **Day Surgery Unit**

Telephone: 01483 406783

### **Surgical Short Stay**

Telephone: 01483 406783

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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