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# Ankle Arthroscopy with Microfracture

November 1, 2026

This is the rehabilitation plan I ask your physical therapist to follow after your Ankle Arthroscopy with Microfracture. Bring it to your first therapy visit. It is a framework, not a prescription: your therapist adjusts the pace to how you are healing, and anything we discussed in the office takes precedence over what is printed here. If something on this page does not match what we talked about, ask me.

**Operation** Ankle Arthroscopy with Microfracture

**Physical therapist** Please send progress notes to the office and call with any question about the plan.

## Precautions

- Splint after surgery to limit ankle motion
- Non weight bearing (NWB) on two crutches so the microfracture site is protected while it heals

## Phase I - 1-5 days after surgery

### WOUND CARE

- Check the incisions for signs of infection
- Start scar management once the incision has closed

### MODALITIES

- Ice and interferential current (IFC) prn for pain and swelling

### GAIT

- NWB

### BOOT / BRACE

- Worn up to 4 weeks

## Phase II - 5 days - 4 weeks after surgery

### WOUND CARE

- Check the incisions for signs of infection
- Start scar management once the incision has closed

### MODALITIES

- Ice and IFC prn for pain and swelling
- Contrast bath if swelling is significant

### RANGE OF MOTION

- Gentle open-chain AROM begins at 4 weeks

### STRENGTHENING

- Isometrics begin

### GAIT

- NWB until 6 weeks

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## Phase III - 4-10 weeks after surgery

### WOUND CARE
- Continue scar management

### MODALITIES
- Ice, IFC and contrast bath prn for pain and swelling

### RANGE OF MOTION
- Continue AROM and PROM; progress to more aggressive ROM at 6 weeks

### STRENGTHENING
- Continue isometrics; active strengthening from 6 weeks; Theraband from 8 weeks
- Closed-chain strengthening as weight bearing allows

### GAIT
- WBAT from 6 weeks, then FWB from 8 weeks

### BALANCE / PROPRIOCEPTION
- Start at 6 weeks post-op once FWB
- Two-leg balance work, progressing to single leg
- BAPS: seated first, then standing
- Balance board

### BOOT / BRACE
- Wean from the boot at 6 weeks post-op; D/C by 8 weeks unless the surgeon directs otherwise

## Phase IV - 10+ weeks after surgery

### WOUND CARE
- Continue scar management

### MODALITIES
- Continue prn

### RANGE OF MOTION
- Continue as in Phase III

### STRENGTHENING
- Continue as in Phase III

### BALANCE / PROPRIOCEPTION
- Progress to single-leg work if not already done
- Jogging, agility drills, plyometrics and sport-specific activities from 12-14 weeks, subject to the surgeon's restrictions
- Multiplanar balance work; Fitter
- Running and cutting drills for sport
- Functional testing: less than 25% deficit for non-athletes, less than 20% for athletes

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## References

Adapted from:

- Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003
- Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott - Raven; 1996
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## Abbreviations

AROM / AAROM / PROM: active / active-assisted / passive range of motion. ROM: range of motion. ER / IR: external / internal rotation. ABD / ADD: abduction / adduction (away from / toward the midline). FLEX / EXT: flexion / extension. WBAT / PWB / TTWB / NWB: weight bearing as tolerated / partial / toe-touch / non-weight bearing. SLR: straight leg raise. HS: hamstrings. ITB: iliotibial band. UE / LE: upper / lower extremity. UBE: upper body ergometer (arm bike). BAPS: balance board. BFR: blood flow restriction training. PREs: progressive resistance exercises. D/C: discontinue. prn: as needed. POD: post-operative day. TENS: transcutaneous electrical nerve stimulation. ADLs: activities of daily living.

## Source

Adapted from Geoffrey S. Van Thiel, MD, Rush University Medical Center (hosted by William Beaumont Army Medical Center), "Ankle Arthroscopy with Microfracture", Undated, published by William Beaumont Army Medical Center at https://william-beaumont.tricare.mil/Health-Services/Hospital-Care-Surgery/Post-Operative-Rehabilitation-Protocols (reproduced with attribution; the clinical parameters are theirs, the wording is ours).

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