NICHOLAS L. STRASSER, MD
FOOT & ANKLE SURGERY
(615) 936-7846
nickstrassermd.com

REHABILITATION PROTOCOL

Osteochondral Debridement / Repair

Ankle Arthroscopy with Osteochondral Lesion Debridement and Particulate Articular Allograft

Version: November 2026 · Online: nickstrassermd.com/osteochondral-repair

> This protocol is a general guideline and does not replace individualized medical advice. Timelines vary with the procedure performed, healing, and individual factors. Always follow the specific instructions from your surgeon and physical therapist, which take precedence over this document.

Overview

PRIMARY GOALS

- Protect the cartilage repair from shear stress during early healing
- Restore ankle range of motion without axial or torsional loading
- Gradually reintroduce loading and impact in a controlled fashion

KEY RESTRICTIONS

- Avoid shear stress across the ankle for the first 6 weeks
- Avoid impact activities for 4–6 months postoperatively

Phase 1

Weeks 0–2

WEIGHT BEARING

- Non-weight bearing or touch-down weight bearing in a splint or boot (per surgeon preference)

IMMOBILIZATION

- Splint or CAM boot at all times except for hygiene and prescribed exercises

RANGE OF MOTION

- Begin ankle range of motion out of the boot
- Active and active-assisted dorsiflexion and plantarflexion only
- Range of motion exercises must be performed non-weight-bearing

RESTRICTIONS

- No inversion or eversion
- No loaded dorsiflexion
- No squatting, lunges, or step-downs
- No pivoting or torsional movements

OTHER

- Edema control, elevation, cryotherapy as needed

Phase 2

Weeks 2–6

WEIGHT BEARING

- Progress to partial weight bearing, advancing to weight bearing as tolerated in boot only

RANGE OF MOTION

- Continue non-weight-bearing dorsiflexion and plantarflexion
- Gentle inversion and eversion may begin at surgeon discretion, performed non-weight-bearing only

STRENGTHENING

- Isometric exercises in neutral position only

RESTRICTIONS

- No shear-loading activities

- No resisted ankle strengthening
- No closed-chain dorsiflexion
- No strengthening in weight-bearing
- No pivoting, twisting, or uneven surfaces

Phase 3

Weeks 6–10

WEIGHT BEARING

- Transition out of boot into supportive shoe or brace as tolerated

RANGE OF MOTION

- Full ankle range of motion in all planes

STRENGTHENING

- Begin closed-chain strengthening
- Progressive loading into dorsiflexion
- Proprioceptive and balance training

RESTRICTIONS

- No running, jumping, or impact activities

Phase 4

Weeks 10–16

STRENGTHENING

- Advance lower extremity strengthening
- Progress proprioception and neuromuscular control

CONDITIONING

- Low-impact cardiovascular conditioning (cycling, elliptical, swimming)

RESTRICTIONS

- No impact loading
- No cutting or pivoting activities

Phase 5

Months 4–6

IMPACT PROGRESSION

- Gradual return to impact activities as tolerated and cleared by surgeon
- Begin straight-line jogging, progressing to sport-specific drills

GOALS

- Restore strength, endurance, and neuromuscular control
- Prepare for return to full athletic participation

Return to Sport

- **Low-impact activities:** after 6–8 weeks
- **Running and impact activities:** no earlier than 4 months postoperatively
- **Full return to sport:** typically 4–6 months postoperatively, depending on lesion size, location, and clinical progress