

Osteochondral Lesion on the Ankle Protocol

Phase I: Protection & Healing (Weeks 0–6)

Goals:

- Protect the repair site
- Minimize inflammation and pain
- Maintain strength in unaffected areas

Key Components:

- **Non-weight bearing (NWB)** with crutches (6–8 weeks typically)
- **Immobilization** in a walking boot
- **Passive range of motion (PROM):** Start early, passive dorsiflexion/plantarflexion for the ankle
- **Ice, Compression, and elevation** for edema control
- **Isometric exercises** for quads, glutes, and core
- **DVT prophylaxis** while non-weight bearing

Phase II: Transition to Weight Bearing (Weeks 6–10)

Goals:

- Gradually restore weight bearing
- Improve range of motion (ROM)
- Begin muscle reactivation

Key Components:

- **Progressive weight bearing** as tolerated (e.g., 25%-50% the first week, 75%-100% the second week)
- **Discontinue immobilization** gradually
- **Full PROM and active range of motion (AROM)**
- **Begin low-impact strengthening**
- Closed-chain exercises, having both foot in full contact with the floor or exercise machine
- Resistance bands
- **Proprioception and balance** training (e.g., BAPS board, balance pad)

Phase III: Strengthening & Early Function (Weeks 10–20)

Goals:

- Restore strength, endurance, neuromuscular control
- Normalize gait
- Enhance functional movement patterns

Key Components:

- **Progressive resistance training**
- Leg press, squats, step-ups
- **Stationary bike, elliptical**
- **Neuromuscular re-education**
- **Advanced balance training**
- **Functional activities** (e.g., stairs, light agility)

Phase IV: Return to Sport/Activity (Weeks 20–32+)

Goals:

- Safe return to sports or work demands
- Maximize function
- Prevent re-injury

Key Components:

- **Impact activities** introduced gradually (e.g., jogging on treadmill, cutting drills)
- **Sport-specific drills**
- **Plyometrics** (as tolerated)
- **Functional testing** before clearance
- Hop tests
- Agility assessments
- Strength symmetry $\geq 90\%$