

CHRONIC EXERTIONAL COMPARTMENT SYNDROME RELEASE

Physical Therapy, Strength and Conditioning

PHASE I: MAXIMUM PROTECTION (WEEKS 0 TO 2)

- Weight bearing as tolerated (may desire crutches for up to 5 days post-operatively). Normalize gait.
- Elevate the ankle above the heart, gentle massage from distal to proximal to aid edema resolution
- Knee and ankle PROM and AROM as tolerated
- Submaximal isometric strengthening ankle PF, DF, inversion, eversion
- Quad sets
- Core and upper extremity strengthening.

PHASE II: EARLY STRENGTHENING (WEEKS 2 TO 6)

- Stationary biking and treadmill walking 5-10 minutes
- Gentle ankle stretching with 30 second holds
- Nerve mobilizations
- Full active and passive ROM ankle and knee all planes
- Start open chain ankle strengthening with 4 way theraband exercises
- Balance and proprioception
- Bilateral progressing to unilateral squat, step and matrix progression

PHASE III: PROGRESSIVE STRENGTHENING (WEEKS 6 TO 8)

- Restoration of full range of motion all planes
- Advance ankle and foot intrinsic strengthening
- Progression of closed chain functional strengthening:
 - *Lunges, step-ups, single leg squats*
 - *Double leg heel raise to single leg heel raise*
- Initiate plyometric exercises at 6 weeks
 - *Plyometric shuttle (DL to SL jumping)*
 - *DL jumping SL jump to contralateral foot (leaping) to SL jump to same foot (hopping)*
 - *Progress repetitions, and height/distance as able*
- Pool running progressing to dry land
- Linear progressing to lateral and rotational functional movements
- Bilateral progressing to unilateral plyometric activity

PHASE IV: ADVANCED STRENGTHENING/RETURN TO SPORT (WEEKS 8 TO 12)

- Advance impact and functional progressing
- Sport specific drills on field or court
- Sport test at 10-12 weeks based on progress