

## Foot Reconstruction Physical Therapy Protocol

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### 0-7 Weeks

- No weight bearing.
  - \*\*If only toe/ distal bony work, pt may be W.B. through heel, no rolling off of forefoot
- Edema control training.
- Exercises for HEP:
  - Gentle isometrics in cast, AROM hip, knee, UE exercises.
  - Gentle AAROM/PROM toes with metatarsals stabilized.

### 7-12 Weeks

- Gait Training in CAM boot with arch support: Gradual progression from NWB to full weight bearing over approx. 4-6 weeks. Start @ 7 weeks post-op.
  - Typically start at 20 lbs WB, add 20 lbs every 3-4 days.
  - Wean off assistive device.
  - Slow progression if patient develops increased pain.
- Edema control (may need support stockings), scar mobilization, desensitization.
- AROM all available motions with boot off @ least 3 times a day.
  - More aggressive motion of MTP joints
  - Begin gentle resistance band strengthening across mobile joints @ 10 weeks post op.
- Gentle stretching, especially into dorsiflexion (towel stretch) @ 10 weeks post-op.
- Exercises for HEP:
  - Hip muscle strengthening, especially abductors.
  - Low impact conditioning:
  - Pool therapy, stationary bike when 50% WB—Have pedal under heel

### 12 weeks- 5 months

- When comfortably FWB, wean gradually out of CAM boot into a shoe. Shoe modifications as needed. May need crutch/cane when first out of CAM.
  - Continue arch support in shoe
- Progress resistance band strengthening.
  - Isometric strengthening across fused joints.
  - Appropriate joint mobilization-be aware of fused joints.
- Once FWB in shoe, then progress from bilateral closed chain to unilateral closed chain exercises and more advanced balance/proprioceptive exercises.
- Stretching: Avoid creating torque across midfoot or fused joints.
- Patients with Midfoot/LisFranc fusions should avoid heel raise exercises until cleared by MD.

### 5 months – Discharge

- Maximize quality of gait. Advanced balance, proprioceptive work.
- Jumping/high impact activities not recommended.
- Functional assessment e.g. single leg stance balance and reach, step ups, heel raises.
  - Stop unilateral heel raises if painful at fusion site.