



Equinovarus Reconstruction with Tibialis Posterior Tendon Transfer

Dr. Scott M. Holthusen

This protocol provides a general guideline for recovery and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient. It may take up to a year to make full recovery, and it is not unusual to have intermittent pains and aches during that time.

*****Please fax initial assessment and subsequent progress notes directly to Dr. Holthusen at (952) 442-2029.**

PHASE 1: 0-2 WEEKS

Goals

- Rest and recovery from surgery
- Control swelling and pain with elevation and activity modification
- Non weight bearing.
- Gradual increase in activities of daily living (ADL) as symptoms improve

Guidelines

- Exercises for HEP:
 - Gentle isometrics in cast, AROM hip, knee, UE exercises.
- Use crutches or knee scooter for 6 weeks
- Education: surgery, anatomy, healing time, rehab phases

*2 week PA visit

PHASE 2: 3-6 WEEKS

Goals

- Continue NWB in cast or CAM boot
- Continue Swelling and pain control with elevation and activity modification

Guidelines

- Exercises for HEP:
 - Gentle isometrics in cast, AROM hip, knee, UE exercises.

*6 week MD visit

PHASE 3: 7-12 WEEKS

Goals

- Gait Training in CAM boot with arch support: Gradual progression from NWB to full weight bearing over approx. 4-6 weeks.
 - 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.

Guidelines

- Begin AROM in all planes
 - Active assisted dorsiflexion and eversion to retrain tibialis posterior tendon
 - Avoid dorsiflexion against resistance and forced plantar flexion
- Exercises for HEP:
 - Hip muscle strengthening, especially abductors.
 - Low impact conditioning
 - Core exercises
 -

*12 Week MD appointment

PHASE 4: 13+ WEEKS**Goals**

- 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.
- Maximize quality of gait. Advanced balance, proprioceptive work.

Guidelines

- Stretching: Avoid creating torque across midfoot or fused joints
- Jumping/high impact activities not recommended
- Functional assessment