



Foot Reconstruction/Arthrodesis Protocol

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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.
 - *If only toe/distal bony work, patient may temporarily weight bear on heel for balance or transfers but no rolling off forefoot
- Gradual increase in activities of daily living (ADL) as symptoms improve

Guidelines

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

*2-week PA appointment

PHASE 2: 3-6 WEEKS

Goals

- Transitioned into CAM boot
 - May remove CAM boot for hygiene and ROM exercises
- Continue Non weight bearing.
 - *If only toe/distal bony work, patient may temporarily weight bear on heel for balance or transfers but no rolling off forefoot
- Continue swelling and pain control with elevation and activity modification

Guidelines

- Gentle AAROM/PROM toes with metatarsals stabilized.
- Gentle active ankle ROM unless otherwise specified

*6-week MD appointment

PHASE 3: 7-12 WEEKS

Goals

- Begin weight bearing progression in CAM Boot +/- 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

- 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 with pedal under heel
- 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.
 - 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.
- Maximize quality of gait. Advanced balance, proprioceptive work.

Guidelines

- 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
- 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.