

## **Calcaneus Fracture ORIF Protocol**

## Dr. Scott M. Holthusen

#### Matt Lund, PA-C

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: 1<sup>ST</sup> WEEK

#### Goals

- Non weight bearing on surgical leg in post op splint
- Rest and recovery from surgery
- Control swelling and pain with elevation and activity modification

#### Guidelines

- Bed exercises for joints above surgical sites.
- Toe AROM (active range of motion) to tolerance.
- Elevate aggressively at heart level (not above)

#### \*1 week PA visit

#### PHASE 2: 2ND WEEK

#### Goals

- Transitioned into CAM boot and remain non weight bearing
- Continue elevation when seated
- Begin gentle ankle range of motion exercises

#### Guidelines

- OK to remove boot for hygiene (i.e. showers)
- OK to remove boot for gentle range of motion exercises
- Must sleep in boot

\*2 week PA visit

TCOmn.com

## PHASE 3: 3-6 WEEKS

#### Goals

- Continue non weight bearing in CAM Boot
- Progress range of motion
- Continue elevation as needed for swelling

#### Guidelines

- Gentle subtalar AROM when surgical incision sealed
- Progress range of motion exercises as incisions heal ankle pumps, alphabets, figure eights, inversion/eversion
- Edema control (compression stocking as needed)
- Desensitization techniques PRN. Gentle scar massage.

#### \*6 week MD visit

#### PHASE 4: 7-12 WEEKS

#### Goals

- Continue non weight bearing in CAM boot
- Begin PT
- Begin strengthening exercises

#### Guidelines

- AAROM/PROM ankle, subtalar joint, forefoot, toes. Measure range of motion
- Thera-band strengthening in all planes
- Continue home exercise program: strengthening/conditioning of uninvolved extremities
- Swimming OK but not walking in water, no aggressive kicking

#### \*12 week MD visit

#### PHASE 5: 13-16 WEEKS

#### Goals

- Begin progressive weight bearing in CAM Boot
- Wean off assistive device when comfortably FWB with good gait pattern (by 16-17 weeks), shoe modification if needed
- Begin balance and proprioceptive training

#### Guidelines

- Gait training: Gradual increase in weight bearing (in shoe) starting at 20lbs, increase 20 lbs every 2-3 days over 1 month period to FWB, may use CAM boot if needed
- OK to slow progression if painful
- Over the counter orthotic (Superfeet, Spenco) may be helpful.
- Home exercise program
- Conditioning: Pool therapy, stationary bike, low impact endurance training, home exercise program
- Protocol may be changed depending on fracture pattern

## TCOmn.com

## PHASE 6: 17-24 WEEKS

#### Goals

• Progression of gait, advanced balance and proprioception activities

#### Guidelines

- Ankle, subtalar isometric, isotonic strengthening
- Soft tissue mobilization
- Sample exercises for home exercise program:
  - Progressive calf stretching.
  - Progressive strengthening using elastic band.
  - Single leg stance activities.
  - Step-ups, stairs.
  - Foam standing wobble board/Baps.

#### \*6th Month MD visit if needed

## PHASE 7: 25+ WEEKS

#### Goals

- Progression of gait, advanced balance and proprioception activities
- Joint mobilization
- Advanced balance & gait training, maximize quality of gait

#### Guidelines

- Ankle, subtalar stretching
- Higher impact activities O.K.
- Ankle, STJ, strength-endurance training
- Functional assessment: e.g. timed single leg stance balance and reach, heel raise, squats, step ups
- Assess shoes/orthotics