TWIN CITIES ORTHOPEDICS

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ORIF LisFranc Post-op Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

*******Please fax initial assessment and subsequent progress notes directly to Dr. Coetzee at 952-456-7641*******

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

Phase I: Date of Surgery - 6 weeks

- Objective: Healing, rest and recovery from surgery
- Immobilization: After surgery: Cast/splint;
  After 2 week post op visit: removable boot/CAM boot
- WB Status: Heel partial weight bearing for balance, use knee scooter or crutches to ambulate

Phase II: Week 6-8

- Objective: Healing, begin WBAT and wean from boot, begin formal therapy
- Immobilization: Use of removable boot as needed, transition to shoe as able
- WB Status: Weight bearing as tolerated
- Therapy: May be initiated after 6 week post op visit with MD. 1-2 x per week with a focus on swelling reduction, pain control and restoration of normal gait mechanics. Full AROM and PROM in all planes. Isometric and early isotonic ankle exercises, foot intrinsic strengthening. Proprioception training with shoe. Non-impact cardiovascular work. Initiate home care/exercise instructions for motion, pain and swelling control.

Phase III: Week 8-16

- Objective: Swelling reduction, increase in ROM, neuromuscular re-education, develop baseline of ankle control/strength
- Immobilization: None
- WB Status: FWB
- Therapy: 1-2 x per week based on patient's initial presentation, frequency may be reduced as the patient exhibits good recovery and progress towards goals, instructions in home care and exercise to complement clinical care

Phase III: Week 8-16 (cont.)

- Rehab Program:

  - Strength: Techniques should begin with isometrics in four directions with progression to resistive band/isotonic strengthening for dorsiflexion and plantarflexion. Due to joint fixation, eversion and inversion strengthening should continue isometrically, bands should progress to heavy resistance as tolerated, swimming and biking allowed as tolerated

  - Proprioception: May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated

PHASE IV: Week 16-24

- Objective: Functional ROM, good strength, adequate proprioception for stable balance, normalize gait, tolerate full day of ADLs/work, return to reasonable recreational activities
- WB status: Full, patient should exhibit normalized gait
- Therapy: 1x per week based on patient status and progression. Able to be discharged to an independent exercise program once goals are achieved. Patient to be instructed on appropriate home exercise program

- Rehab Program:

  - Strength – progression to body weight resistance exercises with goal of ability to perform a single leg heel raise

  - Proprioception – patient should be instructed in proprioceptive drills that provide both visual and surface challenges to balance

  - Agility – cone/stick drills, leg press plyometrics, soft landing drills

  - Sports – prior to return to any running or jumping activity the patient must display a normalized gait and have strength to perform repetitive single leg heel raises. If available pool progression to dry land running. Functional training linear gradually progressing to lateral and rotational movements. Sport specific drills on field or court.