TWIN CITIES ORTHOPEDICS

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Sesamoid Excision Post-Op Rehabilitation 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.

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: Weeks 1-2

Goals

- Rest and recovery from surgery
- Protect repair
- Control swelling and pain
- Gradual increase of ADL (activities of daily living)

Treatment

- Light compressive dressing
- Short CAM boot/Post-op shoe/Orthotic with sesamoid cut out
- Partial weight bearing (crutches, walker or scooter)
- Sutures removed at 10 -14 days
- See Table 1

Phase II: Weeks 3-8

Goals

- Wean from boot at 6 weeks
- Full ROM
- Control swelling and inflammation, Nerve desensitization
- Scar remodeling
- Protect FHL from over pronation (tape/orthotics if needed)
- Normalize gait
- Demonstrate proper biomechanics locally and proximally on basic functional tasks of sport specific positions (Plié and Relevé for dancers)
- Correct proximal faulty mechanics with manual therapy, Pilates, PWB neuromuscular re-education

Phase II: Weeks 3-8 (cont.)

Treatment

- Modalities prn
- Manual therapy and scar massage
- Toe/foot taping
- See Table 1

Phase III: Weeks 8+

Goals

- Begin gradual skill specific retraining (at 6+ weeks)
- Full strength & endurance (25 unilateral Relevés)
- Good proprioception (30 second balance with eyes closed)
- Pass functional tests for pointe (recommended even if not en pointe: Topple test, Airplane test, Sauté test)
- Pass functional tests for general sport (90% involved: uninvolved on unilateral long jump & triple hop)

Treatment

- See Table 1

Table 1:

Intervention/Weeks	1 - 8	9	10	11	12 - 24+
Modalities for effusion, tissue healing, pain, nerve desensitization	x	x	x		
Cast/Cam Boot/Orthotic with sesamoid cut out + general cushion + hard sole shoe. McConnell taping. (Wean from boot 6+ weeks)	x	x	x	x	x
Low level intrinsic foot strength	x	x	x	x	x
AROM (with calcaneus blocked from posterior impingement)	x	x	x		
Stationary Bike (Elliptical wk 8+)	x	x	x	x	x
Proprioceptive Progressions (en releve wk 10+)	x	x	x	x	x
Manual correction of pelvic alignment & Proximal n.m. re-education (Coordination of hip ER + TA + adductors)	x	x	x	x	x
Stretch: Gastroc, Soleus, FHL in pain free ranges	x	x	x	x	x
Soft tissue mobilization (can also perform joint mobilization and PROM if needed). Avoid mobilization of fractured area.	x	x	x	x	x
Elastic band PREs-emphasize full ROM with high reps, low weight (yellow or red band)	x	x	x	x	x
Closed chain re- education of plié and releve; start PWB on Reformer or total gym → standing eccentrics → unilateral		x	x	x	x
Dynamic Training: Include 2 foot → 2 foot, 2 foot → 1 foot, 1 foot → 2 foot, 1 foot → 1 foot					x

This post-operative protocol was developed and authorized for use by J. Chris Coetzee, MD and Larry Nilsson, PA-C.

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