

ANKLE AND FOOT FUSIONS 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.

****Please fax initial assessment and subsequent progress notes directly to IBJI at 847-234-2090****

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! Swelling may be on-going for 6 months to a year following surgery.

FOR PATIENTS

Recovery at a glance:

- **Ankle joint: non-weight bearing 6 to 10 weeks in a cast, followed by 6 weeks protected weight bearing in a boot**
- **Lisfranc joint: non-weight bearing 6 weeks in a boot, followed by 6 weeks protected weight bearing in a boot**
- **Subtalar joint: non-weight bearing 6 to 10 weeks in a cast, followed by 6 weeks of protected weight bearing in a boot**
- **Triple arthrodesis: non-weight bearing 6 to 10 weeks in a cast followed by 6 weeks of protected weight bearing in a boot**
- **Hallux (big toe) fusions: Immediate weight bearing on your heel in a rigid post-op shoe or a boot for 6 wks**
- **Physical therapy to start once out of cast (6 weeks)**
- **One year for maximal improvement after joint fusion expected**

FOR PHYSICAL THERAPISTS

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Rest and recovery from surgery
- Control swelling and pain / limb elevation
- Increase ADL (activities of daily) with safe use of crutches/knee-walker

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Guidelines

- No weight bearing unless otherwise directed (big toe fusion)
- Seated shower with shower cover for cast; splint; dressing
- Keep incision / dressing clean and dry
- Sutures removed @ 14-21 days
- Encourage AD
- Hip: AROM (active range of motion) and knee: AROM

Phase II: Weeks 3-6

Goals

- Maintain hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches/knee-walker
- Protect fusion site

Guidelines

- Fiberglass cast or Cam boot
- Elevate to control swelling
- Core exercises – recruit abdominals

Phase III: Weeks 6-10

Goals

- FWB (full weight bearing) in walker boot (may be delayed to 10 wks)
- Increase core, hip, and knee strength

Guidelines

- Gradual FWB in walker boot depending upon x-ray findings
- Elevation for swelling control
- Stationary bicycle in the boot
- Continue core, hip and knee strengthening

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Phase IV: Weeks 10-12

Goals

- FWB without boot in regular shoe (may be delayed based upon Phase III)

Guidelines

- Wean from walker boot dependent on degree of joint fusion (may begin earlier or later based on surgeon's evaluation of fusion)
- Might be provided with an ankle brace
- Massage to decrease edema
- AROM: all joints uninvolved in fusion
- Muscle stimulation to intrinsics, invertors/evertors as required
- Start gait retraining
- Progress exercises to standing and leg press

Phase V: Weeks 13-16

Goals

- Full ROM non-fused joints
- Near full strength
- Optimal gait pattern

Guidelines

- X-ray shows good healing at fusion site
- AROM and PROM at non-fused joints
- Stretches: calf, rectus femoris, hamstrings, glut, piriformis
- Manual mobilization to any restricted non-fused joints of the ankle, foot and toes
- Gait retraining to optimal mechanics with fusion
- Strength recovery
- Proprioceptive training: progression – single leg even ground
- Double leg stance on wobble board with progression to single leg stance

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Phase VI: Week 16

Goals

- Restoration of near normal strength
- Full function for work

Guidelines

- Strength training: work or activity specific
- Proprioceptive training: to level required with work
- Continue gait retraining if required
- Orthotics or shoe modifications if needed to improve gait pattern