

JONES FRACTURE 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 6 months to a year to make a full recovery. 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:

- No casting during recovery
- Immediate weight bearing in a boot
- Follow up 2 weeks post-op for suture removal and x-rays
- Follow up 6 weeks post-op for x-rays. Transition into regular shoe wear and begin physical therapy
 if needed.
- Return to sport / activity 8 to 12 weeks post-op.

FOR PHYSICAL THERAPISTS Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

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

Guidelines

- Non-weight bearing 2 weeks post-op
- May rest foot down when standing or sitting
- · Begin ankle motion as tolerated
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Ankle AROM: seated only
- Sutures removed at 10 to 14 days



JONES FRACTURE REHABILITATION PROTOCOL

Phase II: Weeks 3-6

Goals

- Maintain hip and knee ankle ROM
- Improve core, hip and knee strength
- Gradual increase weight bearing with boot at 2 weeks after surgery (as directed by surgeon or staff)

Guidelines

- Progressive weight bearing in walker boot
- Shower when wound healed
- Massage of foot to decrease edema (light massage start from toes and work towards ankle)
- Control swelling with elevation
- · Core and whole body exercises and strengthening
- AROM ankle and gentle resistance band strengthening with dorsiflexion limited to first point or resistance
- May begin swimming, biking, low impact exercise

Phase III: Weeks 7-10

Goals

- Full weight bearing regular shoe at 6 wks
- Swelling control with elevation and modalities as required

Guidelines

- AROM at ankle: PF (plantar flexion), inversion/eversion, DF (dorsiflexion) to first point of resistance
- Manual mobilization of foot as required
- Gentle mobilization subtalar joint
- Try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle)
- Strengthening calf / hindfoot / ankle



JONES FRACTURE REHABILITATION PROTOCOL

Phase IV: Weeks 10 +

Goals

• Sport / recreation / activity specific rehabilitation

Guidelines

- Theraband: inversion/eversion, DF
- ROM exercises
- Gentle calf stretches
- Manual mobilization as required
- Calf press and leg press
- Proprioceptive exercises
- Single leg support
- Progress to wobble board
- Gait retraining
- Swimming
- Stepper
- Eccentric drops
- Progress to advance dynamic drills 16 + weeks
- hopping skipping progress to sport specific drills 16 + weeks