

Ankle and Foot Fusions

Rehabilitation Protocol

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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!

***General Guidelines: Expected period before you will be FULL weight bearing:**

Ankle joint: 8 -10 weeks

Lisfranc/Midfoot: 8 - 10 weeks

Subtalar: 8 -10 weeks

Triple arthrodesis: 8 -10 weeks

Great toe fusions: 6 - 8 weeks with heel or flat- footed in CAM boot

PHASE I: WEEKS 1-2

GOALS

- Rest and recovery from surgery
- Control swelling and pain
- Increase ADL (activities of daily) with safe use of crutches/Roll-About

GUIDELINES

- Splint and non-weightbearing
- Sutures removed @ 14 days
- Encourage ADL
- Education on proper crutch use
- Rest and elevation to control swelling and pain
- Education: surgical procedure, anatomy, healing time, rehab phases
- Hip: AROM (active range of motion)
- Knee: AROM

PHASE II: WEEKS 2-4

GOALS

- Maintain hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches/front wheel walker (FWW)
- Protect fusion site

GUIDELINES

- Short leg cast
- Non-weightbearing use crutches, FWW, wheelchair, scooter
- For balance only -- ok for touch down weight-bearing (foot flat with less than 20lbs of pressure on foot)
- Elevate to control swelling
- Core exercises
 - recruit abdominals
 - bridging
 - ball reach
- Hip: AROM
 - - strength: clam side lift glut max SLR (Straight leg raise)
- Knee: AROM
 - - strength: theraband press
- Stretching: gluts, piriformis, rectus femoris, hamstrings
- X-ray taken week 4

PHASE III: WEEKS 4-8

GOALS

- Touchdown weight bearing short leg cast or CAM boot pending certain criteria
- Increase core, hip, and knee strength

GUIDELINES

- CAM boot vs. short leg cast depends upon x-ray findings, patient factors/safety with ability to offload operative extremity, and on the joint fused
- Elevation for swelling control
- Stationary bicycle
- Continue core, hip and knee strengthening
- X-ray taken week 8

PHASE IV: WEEKS 8-12

GOALS

- FWB in CAM boot based on images at 10 weeks

GUIDELINES

- Wean from walker boot *depending on joint fused* (may begin earlier based on surgeon's evaluation)
 - Might be provided with an ankle brace
- Massage to decrease edema
- AROM: ankle DF/PF, inversion/eversion
- Muscle stimulation to intrinsics, invertors/evertors as required
- Start gait retraining
- Progress exercises to standing

PHASE V: WEEKS 13-15

GOALS

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

GUIDELINES

- X-ray shows good healing at graft site
- AROM and PROM at ankle and non-fused joints
- Stretches: calf, rectus femoris, hamstrings, glut, piriformis
- Manual mobilization to any restricted nonfused joints of the ankle, foot and toes
- Gait retraining to optimal mechanics with fusion
- Strength training ankle
 - toe raises
 - theraband NWB DF, inv/eversion
 - WB inversion/eversion
- Proprioceptive training: progression
 - single leg even ground
 - double leg stance on wobble board or Sissel
 - single leg stance on wobble board or Sissel

PHASE VI: WEEKS 16

GOALS

- Full strength
- Full function for work

GUIDELINES

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