OrthoIllinois PODIATRIC SURGERY

ORIF Calcaneal Fracture

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General Instructions:

This protocol is a general guideline only. If effusion, pain, limited weight bearing status and significant limitations with daily function persist, this exercise progression should be decelerated. Palliative modalities and appropriate modification to home program and day to day activities should also be considered. Dr. Sorensen will be making a 4th re-check with the patient at approximately 9 weeks post-op. **Formal physical therapy is usually initiated at 6-8 weeks post-op, which is where this protocol begins.**

Patient Name:_____ Date:_____

Surgery Date:___/___/___ Surgeon:_____

Rehabilitation Phase: Dates From___/___/___ to___/___/___

Phase 1
6-8 Weeks Post-Op

Criteria to Progress to this Phase:

- Cleared by physician to initiate therapy
- Wound has healed

Precautions:

- **NO BAPS Board should be performed** as IV and EV should not be pushed. More demanding balance activities will stress IV and EV enough, they do not have to be addressed specifically
- Possibility of peroneal tendonitis should be watched
- Un-remitting and increased subtalar joint and peroneal pain with every step should be reported to surgeon
- Patients will not be cleared for PT until Dr. Sorensen clears them for WBAT. Typically 6-8 weeks

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Goals:
- Decrease edema and stabilize/decrease pain levels
- Increase ankle joint AROM (focus on DF)
- Increase strength and proprioception
- Improved gait to full weight bearing in regular shoes without assistive device
- Wean from walking boot, utilizing it only when increased symptoms occur
- Increase soft tissue flexibility
- Increase knowledge and awareness of injury and rehabilitation

Home Maintenance:
- General AROM exercise in non-WB position (focus on DF > PF)
- Gastroc-Soleus stretch (progressing to standing position.
- Toe curls and extensions for foot intrinsics
- Stationary bike or pain free pool exercise can be performed to improve gait and/or conditioning
- Ice, elevation and compression as needed, also **contrast baths** are helpful
- Walking boot should be worn only as pain dictates

Rehabilitation Phase: Dates From___/___/___ to___/___/___

Phase II
12 Weeks Post-Op

Criteria to Progress to this Phase:
- Decreasing and/or stabilizing levels of pain and edema
- Increasing AROM, particularly DF
- Improved gait to full WB in regular shoes without assistive device (for at least 4-5 hours during the day)
- Improving exercise tolerance to both in-clinic and Home exercise program

Precautions:
- Bilateral stance BAPS board can be used only on level 1 and without increased pain during the exercise.
- Possibility of peroneal tendonitis should be watched
- Unremitting and increased subtalar joint and peroneal pain with every step should be reported to surgeon
- Some heel and anterior joint pain is normal.

Goals:
- Decreasing edema and stabilizing/decreasing pain levels
- Increasing ankle joint AROM (focus on DF)
- Increasing strength and proprioception
- Patient improving with full weight bearing in regular shoes without assistive device
- Progressing with weaning of walking boot, only utilized when increased symptoms occur
- Increasing knowledge and awareness of how patient needs to be consistent with home exercise program

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Home Maintenance:

- General AROM of foot can be continued, such as performing ankle ABC's for a warm-up
- Gastroc-Soleus stretch…progress to full weight bearing only
- Seated or standing heel/toe raises (try to progress to standing only)
- Initiate resisted hip 3- way
- Initiate forward step ups
- Initiate Medial step downs
- Continue toe curls and extensions for foot intrinsics
- Continue stationary bike or pool exercise to improve gait and conditioning
- Ice, elevation and compression as needed, also **contrast baths** are helpful
- Walking boot should be worn only as pain dictates

Rehabilitation Phase: Dates From___/___/___ to___/___/___

Phase III
15 Weeks Post-Op

Criteria to Progress to this Phase:

- Decreasing and/or stabilizing levels of pain and edema
- Increasing AROM, particularly DF
- Improving gait to full WB in regular shoes without assistive device (for at least 5-8 hours during the day)
- Improving exercise tolerance to both in-clinic and Home Exercise program

Precautions:

- BAPS board at level 1 with pain free bilateral or single leg stance
- Possibility of peroneal tendonitis should be watched
- **Unremitting and increased subtalar joint and peroneal pain with every step should be reported to surgeon**
- **Some heel and anterior joint pain is normal**

Goals:

- Stabilized and/or decreasing edema and pain
- Increasing ankle joint AROM particularly DF
- Increasing strength and proprioception
- Patient demonstrates gait with full weight bearing in regular shoes without assistive device during entire day
- Patient performing home exercise program consistently

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Home Maintenance:

- General AROM of foot can be continued such as performing Ankle ABC's for a warm-up
- Gastroc-Soleus stretch Full Weight Bearing only (runners stretch, on step, etc…)
- Standing heel/toe raises
- Continued resisted stepping with tubing in standing (all 4 directions)
- Continued Forward step ups
- Continued Medial step downs
- Initiate Lunges
- D/C foot intrinsics
- Continue stationary bike or pool exercise to improve gait and conditioning
- Ice, elevation, and compression as needed, also contrast baths are helpful
- Walking boot should be D/C'd

***Therapy is usually 2 months long with back to work in 8-9 weeks.
Home Exercise at discharge is very important****