

FOOT 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 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:

- **Non-weight bearing 6 to 8 weeks in a boot followed by protected weight bearing for 6 weeks in a boot**
- **Begin moving your ankle up and down out of the boot immediately following surgery to prevent your ankle from becoming stiff**
- **Transition into regular shoes 3 months following surgery**
- **Begin physical therapy at 12 weeks once in regular shoes**
- **One year for maximal improvement 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

Guidelines

- No weight bearing in a boot
- 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

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Phase II: Week 3-6

Goals

- Maintain hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches/knee-walker
- Protect fracture fixation site
- Begin active and passive motion of ankle and subtalar joints

Guidelines

- Fiberglass cast or Cam boot
- Elevate to control swelling
- Active and passive joint motion; band work
- Core exercises – recruit abdominals

Phase III: Weeks 6-10

Goals

- FWB (full weight bearing) in walker boot (may be delayed to 8 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 boot
- Continue core, hip and knee strengthening
 - Manual ankle and subtalar joint mobilization

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Phase IV: Weeks 12

Goals

- FWB without boot in regular shoe at 12 wks (may be delayed based upon Phase III)

Guidelines

- Wean from walker boot dependent on degree of fracture healing (may begin earlier or later based on surgeon's evaluation)
- Might be provided with an ankle brace
- Massage to decrease edema
- Continue phase III manual mobilization
- Muscle stimulation to intrinsics, invertors/evertors as required
- Start gait retraining
- Progress exercises to standing and leg press

Phase V: Weeks 13-15

Goals

- Maximize ROM
- Near full strength
- Optimal gait pattern

Guidelines

- X-ray shows good healing of fracture
- AROM and PROM at non-fused joints
- Stretches: calf, rectus femoris, hamstrings, glut, piriformis
- Manual mobilization 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: Weeks 16

Goals

- Restoration of near strength
- Maximize function and motion

Guidelines

- Strength training: work or activity specific
- Proprioceptive training: to level required with work
- Continue gait retraining if required