

CAVUS FOOT RECONSTRUCTION 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:

- **Recovery not limited by tendon reconstruction but rather bony correction and associated healing**
- **Non-weight bearing 6 weeks in a cast followed by 6 weeks protected weight bearing in a boot**
- **At 12 weeks pos-op, transition to regular shoe as tolerated**
- **Begin physical therapy at 12 weeks**
- **One year to maximal improvement**

FOR PHYSICAL THERAPISTS

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-2

Goals

- Rest
- Control swelling and pain
- Activities of daily living

Guidelines

- Non-weight bearing in cast
- Sutures removed at 14 to 21 days
- Education: surgery, healing time, anatomy, phases of rehabilitation
- Encourage activities of daily living
- Rest and elevation to control swelling
- Control pain
- Hip and knee active range of motion

CAVUS FOOT RECONSTRUCTION REHABILITATION PROTOCOL

Phase II: Week 3-6

Goals

- Continue non weight bearing

Guidelines

- Shower without boot or if in cast keep dry and with cast cover
- Elevation to control swelling
- Massage for swelling
- Gentle active range of motion: ankle and foot: plantar flexion / dorsiflexion / eversion / and toe flexion / extension (2x/day @ 30 repetition) in cast or boot only
- NO active inversion
- Progress to stationary bicycle in boot or cast if tolerable

Phase III: Week 7-10

Goals

- Full weight bearing with boot

Guidelines

- Control swelling with elevation and modalities as required
- Stationary bike
- Active range of motion ankle and foot in all directions: gentle inversion & eversion
- Mobilization of foot and ankle in directions that do not directly stress repair (avoid active inversion and passive eversion)
- Muscle stimulation to intrinsics, invertors and evertors as necessary

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Phase IV: Week 11-16

Goals

- Wean from walker boot by \pm week 12
- Active range of motion ankle and foot
- Gait training and regular shoe wear transition after week 12

Guidelines

- Manual mobilization
- Start proprioception and balance
- Continue Phase III rehab

Phase V: Week 16-20

Goals

- Full functional range of motion all movements in weight bearing
- Good balance on surgical side on even surface
- Near full strength lower extremity

Guidelines

- Emphasize 1. Proprioception:- single leg, even surface, resistance to arms or non weight bearing leg – double leg stance on wobble board, Sissel, Fitter – single leg stance on wobble board or Sissel
- Strength: toe raises, lunges, squats, hopping (14+ weeks), running (14+ weeks), bench jumps (14+ weeks)
- Manual mobilization to attain normal glides and full physiological range of motion

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Phase VI: Week 20+

Goals

- Full function • Good endurance

Guidelines

- Continue building endurance, strength and proprioception
- Plyometric training