

## Flat Foot Reconstruction

Dr. Bush

**Procedure:** Calcaneal osteotomy and fusion, gastrocnemius recession, achilles lengthening, and flexor tendon transfer

### Phase I (1 – 4 weeks post-op)

- Goals: pain control, edema management, ensure healing process, maintain safe NWB restriction, maintain forefoot ROM, and minimize atrophy
- Wound care: Observe for signs of infection and begin scar management techniques when incision is fully closed
- Modalities: PRN for swelling (ice and elevation)
- Brace/Boot: short leg cast
- Gait: NWB with crutches, walker, or knee scooter

### Phase II (4 – 6 weeks post-op)

- Goals: pain control, edema management, ensure healing process, maintain safe NWB restriction, maintain forefoot ROM, and minimize atrophy
- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed
- Modalities: PRN for swelling (ice and elevation)
- Edema: Gentle massage to control edema (distal to proximal)
- Brace/Boot: short leg cast
- Gait: NWB with crutches, walker, or knee scooter
- ROM:
  - Toe AROM only
  - No PROM/AROM of the ankle
- Strengthening:
  - Hip/knee ROM, stretching, and strengthening
  - Pelvic and core stabilization exercises

### Phase III (6 - 10 weeks post-op)

- Goals: transition WBAT to FWB in supportive shoe and no assistive device, normalize gait, and increase ROM at the ankle/foot

Initiation Date: 3-12-2020

Revised Date: n/a

- Brace/Boot: at 6 weeks, transition to CAM boot
- Gait: WBAT
  - At 8-10 weeks, transition to normal footwear
  - Progress weight shifting onto affected extremity as allowed (minimal to no increase in pain)
- ROM:
  - AROM DF limited to 10 degrees
  - PF/inv/eve within tolerable range
- Joint mobilizations
  - Gentle talocrural, midtarsal, and subtalar mobilizations as allowed, beginning with grade I-II for pain control
    - Extra care with subtalar joint with osteotomy procedure
    - Extra care with talocrural joint with flexor tendon transfer
- Strengthening:
  - Foot intrinsic strengthening
  - Initiate and advance closed-chain exercises
  - Aerobic exercise
  - Core/lower extremity strengthening
- Balance/Proprioception Activities
  - Initiated at 8 weeks post-op
  - Progress 2-legged exercises to single leg as allowed in static stance
  - Focus on ankle strategies
    - Static and reaching outside BOS

#### **Phase IV (10+ weeks)**

- Goals: Normal ankle and foot mobility, full ankle strength, increased balance and proprioception, normal stair negotiation, and return to recreational activities
- Gait: FWB without deviations
- ROM: AROM DF limited to 10 degrees
- Strengthening
  - Resisted ankle strengthening
    - If flexor tendon transfer is performed, use care with combined PF and inversion
  - Advance closed-chain exercises
  - Aerobic exercise
  - Core/LE strengthening



- Return to Activity:
  - Low level of activities such as walking, biking, or swimming
  - Avoid impact activities that affect the joint unless otherwise advised per physician education and tolerance to plyometrics and agility tasks

**Adapted From:**

- 1) Consultation with Dr. William Bush, MD at OrthoIllinois