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Orthopedic Fellowship Trained Foot & Ankle Surgeon

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. **Formal physical therapy is usually initiated at 4-6 weeks post-op, which is where this protocol begins.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery Date: \_\_\_ / \_\_\_ / \_\_\_ Surgeon: \_\_\_\_\_

**TIMELINE PREREQUISITES:**

- Physical Therapy starts 4-6wks post-op
- Patient to be seen 1 time per week for 1-3 weeks to progress as needed with complete home program
- More therapy visits and more frequent visits can be scheduled if the patient's symptoms indicate the need.

**PRECAUTIONS:**

- Excessive sensitivity to touch, excessive redness, signs of infection, excessive inflammation and any other unusual clinical observation should be reported to the physician immediately

**GUIDELINES:**

- Bilateral LE flexibility screen will be performed, to include 1<sup>st</sup> ray mobility and 1<sup>st</sup> MTP extension
- If surgical scar over the 2<sup>nd</sup> MTP joint, Dr. Sorensen has decompressed this joint. Please focus on PROM stretching of this joint
- Full Biomechanical Evaluation should be performed with potential orthotic posting values/modifications recommended
- WBAT gait will be assessed to include push off status and Gait training as appropriate to be performed
- Home exercise program to be taught to include stationary and dynamic balance exercises and self passive ROM and joint mobilizations, scar mobility, and icing

**GOALS:**

- Independence and proper performance of HEP attained
- Independent 1<sup>st</sup> MTP extension to 20<sup>0</sup>-30<sup>0</sup>
- Time appropriate gait demonstrated with appropriate accommodative device to place foot in most biomechanical position. Please focus on loading the medial compartment of the foot. Patients will compensate by weightbearing through the lateral compartment.
- 6 weeks post-op: patient wearing regular shoes
- 3 months post-op: patient to follow-up with physician, walking heel-toe gait in a regular shoe with some stiffness expected
- 6 months post-op: typically last follow-up with physician at which time patient should be walking normally

**HOME MAINTENANCE:**

- ROM stretching daily: Runner's stretch, Plantarflexion stretch, Quad stretch, Hamstrings, Hips
- Independent PROM/AAROM manual stretching of 1<sup>st</sup> MTP, toes, and Midtarsal joint as needed
- Independent scar mobilization as needed
- Proprioceptive and Strengthening exercises: Toe curls with marbles or towels, Toe extensions with foot flat on the floor, SL balance, Pain free toe and heel raises (sitting to standing), Resisted stepping with T-band, Lunges, Medial step downs
- Practice correct gait pattern daily
- Ice, elevation, and compression as needed, also **contrast baths** are helpful