



Physical Therapy

Cavus Foot Reconstruction - Postoperative Protocol

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
0-2	<ul style="list-style-type: none"> backslab NWB education on proper crutch/walker use hip and knee range AROM rest and elevation of limb to 14 cm/6in above heart 22 out of 24 hrs a day 	<ul style="list-style-type: none"> ADL's with safe crutch/walker use control swelling and pain
2-6	<ul style="list-style-type: none"> 1st post-op visit at F/A Clinic at 2 weeks post-op seen by Physiotherapist in F&A Clinic and taught AROM of foot and ankle Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night continue NWB 	<ul style="list-style-type: none"> protect osteotomy site increase ROM of foot and ankle increase exercise tolerance maintain hip and knee ROM safe use of crutches/walker
6-10	<ul style="list-style-type: none"> walker boot NWB until week 6 then WBAT in boot as per surgeon's instructions AROM at ankle (refer to exercise sheet given by therapist in F/A clinic) core exercises: transversus abdominus hip strength : glut med./abduction joint mobilizations elevate to control swelling increase ADL's in standing scar massage begin cycling on stationary bike <u>in boot</u> at 6 weeks post-op 	<ul style="list-style-type: none"> maintain ankle ROM maintain hip & knee ROM/strength improve core strength safe use of crutches/walker increase mobility of scar

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10-14	<ul style="list-style-type: none"> • start weaning boot – practice standing, weight shift, and small periods of walking – gradually increasing time and distance in order to be completely out of the boot by 12 wks post-op • scar massage • heat • joint mobilizations • stationary bicycle • gait training • may begin swimming if wound is healed and safe to get in and out of pool • low level balance and proprioceptive exercises • progressive strengthening of hip, knee and ankle • continue core strengthening 	<ul style="list-style-type: none"> • WBAT out of boot and into shoe • increase core, hip, knee and ankle strength • safe gait with/without walking aid
14-16	<ul style="list-style-type: none"> • begin unilateral stance exercises • bilateral heel raises progressing to unilateral heel raises • higher level balance/proprioceptive exercises 	<ul style="list-style-type: none"> • full weight bearing • ambulation with no walking aid
16+	<ul style="list-style-type: none"> • return to normal activities ie golf & tennis 	<ul style="list-style-type: none"> • full strength

Pain and Swelling

This procedure causes a lot of swelling and pain. It is normal for the foot and ankle to be swollen up to 6-12 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

Driving

The patient may drive if the surgery is on the **LEFT** foot as pain and swelling allows, and if the car is an automatic. If the surgery is on the **RIGHT** foot the patient may return to driving if they are full weight bearing and can safely demonstrate an emergency stop on the brake. **THE PATIENT CANNOT DRIVE WHILE THEIR FOOT IS IN A WALKER BOOT.** The patient should contact their insurance company before driving a car.

Return to Work

Return to work at a fully sedentary job no earlier than 3-4 weeks post-op.

Return to work at a job requiring significant amounts of standing or walking no earlier than 4 months postop.

Return to work for jobs with physical requirements between the above extremes is individualized (if uncertain please contact the surgeon).