## Flatfoot Reconstruction - Postoperative Protocol

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<th>Week</th>
<th>Physical Therapy Guidelines</th>
<th>Goals</th>
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<td>0-2</td>
<td>• In back slab NWB&lt;br&gt;• education on proper crutch/walker use&lt;br&gt;• hip and knee range AROM&lt;br&gt;• rest and elevation of limb to 14 cm/6 in. above heart 22 out of 24 hrs a day</td>
<td>• ADL’s with safe crutch/walker use&lt;br&gt;• Control swelling and pain</td>
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<td>2-6</td>
<td>• 1st post-op visit at F/A Clinic at 2 weeks post-op&lt;br&gt;• seen by Physiotherapist in F&amp;A Clinic and taught AROM of foot and ankle of joints not fused&lt;br&gt;• Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night&lt;br&gt;• continue NWB</td>
<td>• increase ROM of foot and ankle&lt;br&gt;• increase exercise tolerance&lt;br&gt;• maintain hip and knee ROM&lt;br&gt;• safe use of crutches/walker</td>
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<td>6-10</td>
<td>• WBAT in walker boot&lt;br&gt;• AROM at ankle of joints not fused (refer to exercise sheet given by therapist in F/A)&lt;br&gt;• core exercises – recruit transversus abdominus&lt;br&gt;• hip strength : glut med./abduction&lt;br&gt;• joint mobilizations of joints not fused&lt;br&gt;• elevate to control swelling&lt;br&gt;• increase ADL’s in standing&lt;br&gt;• scar massage&lt;br&gt;• begin cycling on stationary bike in boot at 6 weeks</td>
<td>• maintain ankle ROM&lt;br&gt;• maintain hip &amp; knee ROM/strength&lt;br&gt;• improve core strength&lt;br&gt;• safe use of crutches/walker&lt;br&gt;• increase mobility of scar</td>
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### Physical Therapy Guidelines

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<th>Week</th>
<th>10-14</th>
<th>14-16</th>
<th>16+</th>
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|      | • 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 of joints not fused  
  • 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 | • begin unilateral stance exercises  
  • bilateral heel raises progressing to unilateral heel raises  
  • higher level balance/proprioceptive exercises | • return to normal activities ie golf & tennis |

### Goals

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| • WBAT out of boot and into shoe  
• increase core, hip, knee and ankle strength  
• safe gait with/without walking aid | • full weight bearing  
• ambulation with no walking aid | • 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 post-op. Return to work for jobs with physical requirements between the above extremes is individualized (if uncertain please contact the surgeon).