



## Physical Therapy

### Joint Fusion - Postoperative Protocol ( Ankle, Subtalar joint, Triple Arthrodesis, Mid foot fusions)

| <u>Week</u> | <u>Physical Therapy Guidelines</u>   | <u>Goals</u>   |
|-------------|--|--|
| 0-2         | <ul style="list-style-type: none"> <li>• casted or walker boot NWB</li> <li>• education on proper crutch/walker use</li> <li>• hip and knee range AROM</li> <li>• rest and elevation of limb to 14 cm/6in above heart 22 out of 24 hrs a day</li> </ul>  | <ul style="list-style-type: none"> <li>• ADL's with safe crutch/walker use</li> <li>• Control swelling and pain</li> </ul>   |
| 2-6         | <ul style="list-style-type: none"> <li>• 1<sup>st</sup> post-op visit at F/A Clinic at 2 weeks post-op</li> <li>• seen by Physiotherapist in F&amp;A Clinic and taught AROM of joints not fused</li> <li>• Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night</li> <li>• continue NWB on fusion side</li> </ul>   | <ul style="list-style-type: none"> <li>• protect fusion site</li> <li>• increase ROM at non-fused joints</li> <li>• increase exercise tolerance</li> <li>• maintain hip and knee ROM</li> <li>• safe use of crutches/walker</li> </ul>   |
| 6-10        | <ul style="list-style-type: none"> <li>• walker boot NWB until week 6-8 then possible WBAT in boot as per surgeon's instructions</li> <li>• AROM at ankle of non-fused joints (refer to exercise sheet given by therapist in F/A clinic )</li> <li>• core exercises : transversus abdominus</li> <li>• hip strength : glut med./abduction</li> <li>• joint mobilizations to <b>unfused joints</b></li> <li>• elevate to control swelling</li> <li>• increase ADL's in standing (provided not in extended NWB period)</li> <li>• scar massage</li> <li>• begin cycling on stationary bike <u>in boot</u> with no resistance at 6 weeks</li> </ul> | <ul style="list-style-type: none"> <li>• protect fusion site</li> <li>• maintain ankle ROM of non-fused joints</li> <li>• maintain hip &amp; knee ROM/strength</li> <li>• improve core strength</li> <li>• safe use of crutches/walker</li> <li>• increase mobility of scar</li> </ul> |

## Ankle Fusion – Postoperative Protocol

| <u>Week</u> | <u>Physical Therapy Guidelines</u>  | <u>Goals</u>  |
|-------------|---|---|
| 10-14       | <ul style="list-style-type: none"> <li>• 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</li> <li>• scar massage</li> <li>• heat</li> <li>• joint mobilizations to <b>unfused joints</b></li> <li>• stationary bicycle</li> <li>• gait training</li> <li>• may begin swimming if wound is healed and safe to get in and out of pool</li> <li>• low level balance and proprioceptive exercises</li> <li>• progressive strengthening of hip, knee and ankle</li> <li>• continue core strengthening</li> </ul> | <ul style="list-style-type: none"> <li>• WBAT out of boot and into shoe</li> <li>• increase core, hip, knee and ankle strength</li> <li>• safe gait with/without walking aid</li> </ul> |
| 14-16       | <ul style="list-style-type: none"> <li>• begin unilateral stance exercises</li> <li>• bilateral heel raises progressing to unilateral heel raises</li> <li>• higher level balance/proprioceptive exercises</li> <li>• may require rocker sole shoe at this point</li> </ul>   | <ul style="list-style-type: none"> <li>• full weight bearing</li> <li>• ambulation with no walking aid</li> </ul>   |
| 16+         | <ul style="list-style-type: none"> <li>• return to normal activities ie golf &amp; tennis</li> </ul>  | <ul style="list-style-type: none"> <li>• full strength</li> </ul>   |

### 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. Swelling will be less in an arthroscopic fusion compared to an open fusion.

### **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).