# Joint Fusion - Postoperative Protocol

(Ankle, Subtalar joint, Triple Arthrodesis, Mid foot fusions)

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<tr>
<th>Week</th>
<th>Physical Therapy Guidelines</th>
<th>Goals</th>
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| 0-2   | • casted or walker boot 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 | • ADL’s with safe crutch/walker use  
• Control swelling and pain |
| 2-6   | • 1<sup>st</sup> post-op visit at F/A Clinic at 2 weeks post-op  
• seen by Physiotherapist in F&A Clinic  
• 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 on fusion side | • protect fusion site  
• increase ROM at non-fused joints  
• increase exercise tolerance  
• maintain hip and knee ROM  
• safe use of crutches/walker |
| 6-10  | • walker boot NWB until week 6-8 then possible WBAT in boot as per surgeon’s instructions  
• AROM at ankle of non-fused joints (refer to exercise sheet given by therapist in F/A clinic)  
• joint mobilizations to unfused joints  
• core exercises : transversus abdominus  
• hip strength : glut med./abduction |

- increase ADL’s in standing (provided not in extended NWB period)  
- scar massage  
- begin cycling on stationary bike in boot with no resistance at 6 weeks  
- increase mobility of scar  
- maintain ankle ROM of non-fused joints  
- maintain hip & knee ROM/strength  
- improve core strength  
- safe use of crutches/walker  
- increase mobility of scar  
- protect fusion site  
- maintain hip and knee ROM/strength  
- improve core strength  
- safe use of crutches/walker  
- increase mobility of scar
### Physical Therapy Guidelines

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<th>Week</th>
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<tr>
<td>10-14</td>
<td>• 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&lt;br&gt;• scar massage&lt;br&gt;• heat&lt;br&gt;• joint mobilizations to <strong>unfused joints</strong>&lt;br&gt;• stationary bicycle&lt;br&gt;• gait training&lt;br&gt;• may begin swimming if wound is healed and safe to get in and out of pool&lt;br&gt;• low level balance and proprioceptive exercises&lt;br&gt;• progressive strengthening of hip, knee and ankle&lt;br&gt;• continue core strengthening</td>
<td>• WBAT out of boot and into shoe&lt;br&gt;• increase core, hip, knee and ankle strength&lt;br&gt;• safe gait with/without walking aid</td>
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<tr>
<td>14-16</td>
<td>• begin unilateral stance exercises&lt;br&gt;• bilateral heel raises progressing to unilateral heel raises&lt;br&gt;• higher level balance/proprivoceptive exercises&lt;br&gt;• may require rocker sole shoe at this point</td>
<td>• full weight bearing&lt;br&gt;• ambulation with no walking aid</td>
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<td>16+</td>
<td>• return to normal activities ie golf &amp; tennis</td>
<td>• full strength</td>
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### 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).