

DR. JASON DEVRIES
FOOT FUSIONS:
TALONAVICULAR, SUBTALAR, DOUBLE (TN AND STJ), TRIPLE (TN, STJ, CC) POST-OP
THERAPY PROTOCOL

Phase 1 – Early Protective Phase (0-10 weeks)

Goals for Phase 1 <ul style="list-style-type: none"> Minimize effusion ROM at home starting at weeks 6-8, instructed by physician Follow weight bearing schedule to ensure healing and minimize inflammation 	Criteria for Progression to Phase 2 <ul style="list-style-type: none"> Physician clearance to begin outpatient physical therapy
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Brace and Weight Bearing

- 0-2 weeks:** NWB in a splint
- 2-6 weeks:** NWB in a cast
- 6-10 weeks:** Wean into WBAT in a CAM boot
- 10-14 weeks:** Wean into WBAT in an articulating Axiom brace

AROM

- ROM exercises at weeks 6-8 instructed by physician office (plantar flexion and dorsiflexion)

Modalities

- Cryotherapy at home 3 x per day for 20 minutes each with ankle elevated above heart

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Phase 2 – Intermediate Phase (10-14 weeks)

Goals for Phase 2 <ul style="list-style-type: none"> • Start outpatient PT at 10-12 weeks post-op (PT to last 6-8 weeks total) • WBAT out of boot and into shoe with Axiom brace • Minimize effusion • Increase core, hip and knee strength • Safe gait with/without walking aid • Scar tissue mobility 	Criteria for Progression to Phase 3 <ul style="list-style-type: none"> • Full weight bearing in brace pain-free • Tolerate ankle isotonics pain-free
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Bracing and Weight Bearing

- Axiom brace on during all weight bearing activities per physician recommendation, including PT
- Work on WBAT weaning from boot and into Axiom brace to gradually increase time and distance without compensation

AROM

- Plantar flexion to equal uninvolved if possible
- Dorsiflexion may be increased due to Achilles lengthening
- Midfoot ABD and ADD 10-15 degrees

Manual Therapy

- Scar massage
- Grade 1, 2 joint mobilizations to unfused joints

Strengthening

- Stationary bike
- Progressive hip, ankle and core strengthening
- Ankle strengthening start isometric and work up to gentle isotonics
- Foot intrinsic strengthening

Proprioception

- Low level balance and proprioceptive exercises starting with double leg on a stable surface using UE support as needed

Gait Training

- Resume normal gait mechanics

Aquatics

- Initiate aquatic therapy program when incisions are closed and patient is safe to get in and out of the pool

Modalities

- Heat for stiffness as needed
- Cryotherapy after activity
- Other modalities as needed for pain and swelling

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Phase 3 – Intermediate Phase (14-16 weeks)

Goals for Phase 3 <ul style="list-style-type: none"> • Full weight bearing without compensation • Wean from Axiom articulated brace at 14-16 weeks • Wear brace for "high risk" activity 	Criteria for Progression to Phase 4 <ul style="list-style-type: none"> • Normal ankle PROM • Normal gait
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Brace and Weight Bearing

- Wean from Axiom articulated brace at 14-16 weeks under PT guidance
- Axiom brace used for patient comfort only after weaning period is complete. Patient may choose to wear for "high risk" activity
- May require a rocker bottom shoe (optional)

AROM

- LE flexibility restored

Strengthening

- Bilateral heel raises progressing to unilateral heel raises
- Continue with PRE LE and core strength and to tolerance

Proprioception

- Stable surface decreasing UE support and progression to single leg balance
- Progression to unstable surfaces, perturbations and or dual tasking

Gait Training Advanced

- Ambulation without a walking aid, without compensation

Modalities

- Heat for stiffness as needed
- Cryotherapy after activity
- Other modalities as needed for pain and swelling

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PROTOCOL**

Phase 4 – Return to Function (16+ weeks)

Goals for Phase 4

- Progress single leg muscle strength, endurance and balance
- Return to sport or work specific tasks
- Full strength

Brace and Weight Bearing

- Axiom brace used for patient comfort only after weaning period is complete. Patient may choose to wear for "high risk" activity

Strengthening

- Stationary bike or elliptical
- Unilateral gym strengthening program:
 - single leg
 - calf raises
 - single leg squats
 - eccentric leg press
 - step-up progression
 - multi-directional lunges

Proprioception

- Advanced proprioception on unstable surfaces with perturbations and/or dual tasking

Modalities

- Cryotherapy after activity

Criteria for Return to Work, Function, Sport

- **Weeks 20-24**: Return to function testing if required by physician
- Criteria:
 - pain-free
 - full ROM
 - minimal joint effusion
 - 5/5 MMT strength
 - jump/hop testing at 75% compared to uninvolved
 - display adequate ankle control with sport and/or work specific tasks

Sport Related Activities

- **20+ weeks**: Return to functional testing (optional)
- Add sport specific balance tasks as able
- **20 weeks**: start impact activities (running, cutting, and jumping)