

## **Ankle Fusion and Subtalar Fusion**

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

\*\*\*\*Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460.\*\*\*

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

### **Phase I: Date of Surgery - 6 weeks**

- ❑ Objective: Healing, protection of fusions
- ❑ Immobilization: Cast, splint; After 2 week follow-up visit: removable boot
- ❑ WB Status: Flatfoot WB for balance

### **Phase II: Week 6-8**

- ❑ Objective: Healing, protection of fusions
- ❑ Immobilization: Use of removable walker boot as needed
- ❑ WB Status: Weight bearing
- ❑ Therapy: May be initiated towards the end of this phase, 1-2 x per week with a focus on swelling reduction, pain control, and early return of AROM, home care/exercise instructions for motion, pain/swelling control
- ❑ SUBTALAR FUSION: Ankle ROM starting 6 weeks post-operatively

### **Phase III: Week 8-16**

- ❑ Objective: Swelling reduction, increase in ROM, neuromuscular re-education, develop baseline of ankle control/strength
- ❑ Immobilization: None
- ❑ WB Status: WBAT, progressive reduction in crutch use, \*NOTE – WB status and gait progression determined by physician
- ❑ Therapy: 1-2 x per week based on patient's initial presentation, frequency may be reduced as the patient exhibits good recovery and progress towards goals, instructions in home care and exercise to complement clinical care

### **Phase III: Week 8-16 (cont.)**

- ❑ Rehab Program:
  - Strength: Techniques should begin with isometrics in four directions with progression to resistive band/isotonic strengthening for dorsiflexion and plantarflexion. Due to joint fusions, eversion and inversion strengthening should continue isometrically, bands should progress to heavy resistance as tolerated, swimming and biking allowed as tolerated
  - Proprioception: May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated

### **PHASE IV: Week 16-24**

- ❑ Objective: Functional ROM, good strength, adequate proprioception for stable balance, normalize gait, tolerate full day of ADLs/work, return to reasonable recreational activities
- ❑ WB status: Full, patient should exhibit normalized gait
- ❑ Therapy: 1x every 2-4 weeks based on patient status and progression, to be discharged to an independent exercise program once goals are achieved, patient to be instructed in appropriate home exercise program
- ❑ Rehab Program:
  - Strength – progression to body weight resistance exercises with goal of ability to perform a single leg heel raise
  - Proprioception – patient should be instructed in proprioceptive drills that provide both visual and surface challenges to balance
  - Agility – cone/stick drills, leg press plyometrics, soft landing drills
  - Sports – prior to return to any running or jumping activity the patient must display a normalized gait and have strength to perform repetitive single leg heel raises