

Calcaneus Fracture Repair Physical Therapy Protocol

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Post-op

NWB on surgical foot

Elevate aggressively at heart level (not above)

Foot in posterior foot splint

- Week 1: Bed exercises for joints above surgical sites.

Toe AROM to tolerance.

Gait: NWB affected leg.

Keep foot elevated while sitting. Limit time with extremity dependent

1 week MD visit

- Placement of CAM boot (on at all times)
 - OK to remove for hygiene (i.e. showers, **NO** soaking wound) and motion exercises
 - Must sleep in boot
- Week 2: Gentle subtalar AROM when surgical incision sealed (clear with M.D.)
Gentle PROM/AAROM toes-- stretch into dorsiflexion at MTPs with MTs stabilized.

Family/caregiver training as needed.

Sample exercises for home program: Ankle pumps, alphabets, figure eights, inversion/eversion.

3-6 weeks

NWB on surgical foot (until at least 12 weeks postop)

3 week MD visit: Sutures out, X-ray

- Patient teaching: Edema control (compression stocking as needed).
Desensitization techniques PRN. Gentle scar massage.
- Measure range of motion.
- Continue HEP with hip, knee, UE exercises and isometrics/general body strengthening and conditioning.
- Continue early AROM ankle, STJ, toes. PROM/AAROM forefoot/ toes.

6-12 weeks

NWB on surgical foot

6-7 week MD visit: X-ray

- Patient teaching: Scar mobilization. Compression stocking as needed.
- AAROM/PROM ankle, subtalar joint, forefoot, toes. Measure range of motion.
- Begin theraband strengthening in all planes
- Continue NWB gait, foot in CAM boot at all times (sleeping as well).
- Continue home exercise program: strengthening/conditioning of uninvolved extremities.
 - Swimming OK but not walking in water. No aggressive kicking.

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12 weeks

Progressive WB begins

12 week MD visit: X-ray

- Ankle, subtalar, forefoot, toe AAROM (gentle stretch) and isometrics.
- Scar tissue mobilization. Desensitization techniques.
- Gait training: Gradual increase in weight bearing (in shoe) starting at 20lbs, increase 20 lbs every 2-3 days over 1 month period to FWB, may use CAM boot if needed
- OK to slow progression if painful.
- Over the counter orthotic (Superfeet, Spenco) may be helpful.
- Begin balance and proprioceptive training.
- Wean off assistive device when comfortably FWB with good gait pattern (by 16-17 weeks). Shoe modification if needed.
- Home exercise program.
- Conditioning: Pool therapy, stationary bike, low impact endurance training. Home exercise program.
- Protocol may be changed depending on fracture pattern.

4 months

- Progression of gait, advanced balance and proprioception activities.
- Ankle, subtalar isometric, isotonic strengthening
- Soft tissue mobilization
- Sample exercises for home exercise program:
 - Progressive calf stretching.
 - Progressive strengthening using elastic band.
 - Single leg stance activities.
 - Step-ups, stairs. Foam standing wobble board/Baps.

6 months

6 month MD visit if needed

- Ankle, subtalar stretching.
- Joint mobilization.
- Advanced balance & gait training, maximize quality of gait.
- Higher impact activities O.K.
- Ankle, STJ, strength-endurance training.
- Functional assessment: e.g. timed single leg stance balance and reach, heel raise, squats, step ups.
- Assess shoes/orthotics.