

**Physical Therapy Protocol  
Calcaneus Fracture Open Reduction Internal Fixation (ORIF)**

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New Patient Visit/Pre-op Assessment	Post-Op	2-6 Weeks	6-12 Weeks	12 Weeks	4-6 Months
<p>RN pre-screen for “red flag” patient referral to PT pre-op.</p> <ul style="list-style-type: none"> <li>- No previous ortho surgery</li> <li>- Bilateral surgery</li> <li>- Previous failure</li> <li>- over 65</li> <li>- co-morbidities including UE injury/dysfunction</li> </ul> <p>PT pre-op visit</p> <ul style="list-style-type: none"> <li>- Assess current level of function (ADLs/Mobility), ability to manage post-op restrictions, use of assistive devices.</li> <li>- Screen PMH, condition of UEs, and contralateral LE</li> <li>- Home environment: modifications needed? Assistance available? SNF or HH needs.</li> <li>- Teach post-op mobility restrictions</li> <li>- Gait training: NWB on surgical foot unless otherwise indicated. Must be able to transfer and walk maintaining precautions.</li> </ul> <p>Examples of potential gait devices: Crutches, walker, wheelchair, knee scooter, “peg-leg”</p> <p><b>Patient to obtain equipment and bring to hospital.</b></p> <p>Verbally review/educate:</p> <ul style="list-style-type: none"> <li>- General post-op exercise program: ROM, strengthening for UEs,</li> </ul>	<p><b>NWB on surgical foot.</b></p> <p>RN to mobilize pt to bedside commode on POD 1 with the PNC’s* in place.</p> <p>Leg elevated 8-10 inches from bed-level.</p> <p>Foot in bulky “Jones” splint</p> <ul style="list-style-type: none"> <li>- POD 1: Bed exercises for joints above surgical sites. Make sure to fully straighten knees periodically.</li> <li>Gentle A/AA/PROM toes, intrinsics; stretch toes into dorsiflexion at MTPs with MTs stabilized.</li> <li>- POD 2-3 Ambulation with PT. May be up in chair for limited time at MD discretion. Keep foot elevated while sitting.</li> <li>Limit time with extremity dependent.</li> </ul> <p>Family/caregiver training as needed.</p> <p>Sample exercises for home program: Sidelying leg lift, affected leg, prone leg lift (hip extension), supine hip/ knee flexion/extension.</p> <p>*peripheral nerve catheter</p>	<p>2- to 3-week MD visit: Sutures out, change to removable posterior foot splint.</p> <p><b>NWB on surgical foot.</b></p> <ul style="list-style-type: none"> <li>- Patient teaching: Edema control. Desensitization techniques prn. Gentle scar massage.</li> <li>- Measure range of motion.</li> <li>- Continue toe/intrinsic exercises.</li> </ul> <p>Add: A/AA/PROM ankle, STJ with gentle overpressure OK.</p> <ul style="list-style-type: none"> <li>- Continue HEP with hip, knee, UE exercises and isometrics/general body strengthening and conditioning.</li> </ul> <p>- Patient will be NWB on affected foot until at least 12 weeks post-op.</p> <p>Sample exercises for home program: Ankle pumps, alphabets, figure 8’s, inversion/eversion.</p> <p>-Pt and caregivers to monitor resting foot posture strictly in neutral</p>	<p>6- to 7-week MD visit with X-ray.</p> <p><b>NWB on surgical foot,</b> posterior splint.</p> <ul style="list-style-type: none"> <li>- Measure range of motion.</li> <li>- Pt. teaching: Scar mobilization.</li> <li>- Edema management, compression stocking.</li> <li>- Continue/reinforce H.E.P. A/AA/PROM ankle, STJ, toes. Mild overpressure/ gentle joint mobilization (grade 1-2) OK.</li> <li>- OK to use light weight resistance band, start belt-type calf stretch.</li> <li>- Home exercise program, strengthening, conditioning uninvolved extremities.</li> <li>- Swimming OK but not walking in water. No aggressive kicking.</li> </ul>	<p>12-week visit, x ray.</p> <p>Typically start Progressive WB per MD written orders.</p> <ul style="list-style-type: none"> <li>-Gait training: Gradual increase in weight bearing (in shoe) starting at 20 lbs, increase 20 lbs every 2-3 days over 1 month period to FWB. Joint depression type calc. fracture hold at 40 lbs for 1 month before progressing.</li> <li>- If patient develops increased pain or swelling, back off to lesser weight and gradually build back up.</li> <li>Over the counter orthotic (Spenco, Superfeet) may be helpful.</li> <li>- OK to use resistance band for ankle, STJ exercises.</li> <li>- Soft tissue/scar mobilization.</li> <li>- Desensitization techniques.</li> <li>- Gentle joint mobilization.</li> <li>- When comfortably FWB with good gait pattern wean* off assistive device (by 16-17 weeks). Shoe modification if needed.</li> <li>- Begin balance and proprioceptive training when</li> </ul>	<p>4 months:</p> <ul style="list-style-type: none"> <li>- Progression of gait, advanced balance and proprioception activities.</li> </ul> <p>No Dead Lift-/Clean and Jerk-type weight lifting after 6 months when cleared by MD.</p> <p>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.</p> <p>6 months:</p> <ul style="list-style-type: none"> <li>- Ankle, subtalar stretching.</li> <li>- Joint mobilization.</li> <li>- Advanced balance and gait training, maximize quality of gait.</li> <li>- Higher impact activities OK.</li> <li>- Ankle, STJ, strength-endurance training.</li> <li>- Functional assessment: e.g., timed single leg stance balance and reach, heel raise, squats, step ups.</li> <li>- Assess shoes/orthotics.</li> </ul>

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