Harborview Medical Center – Foot and Ankle Institute
Physical Therapy Protocol
Gastroc. Slide (Recession)/Strayer Procedure

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Gastroc-slide: Reduces tightness in gastrocnemius. Aponeurosis between gastroc and soleus is incised allowing gastroc to "slide" relative to soleus and Achilles, realigning gastroc's pull on Achilles to allow more dorsiflexion. The sural nerve may be affected during this procedure; usually it is just stretched and will recover.

Tight gastrocnemius predisposes to forefoot overload and midfoot instability. Excessive pressure on fore/midfoot leads to sagging 1st TMT and/or NC joint (can result in hypermobile 1st ray), Posterior Tib tendon failure, calc. valgus and abducted forefoot. Toe extensors overwork to assist dorsiflexion (extensor overdrive) causing claw toes. Gastrocnemius tightness may be a factor in subtle cavus foot, caused by peroneus longus overdrive and plantarflexed 1st ray. It is usually the primary cause of plantar fasciitis and probably Achilles' tendinosis.

Pre-Op	Post-Op	2 Weeks	6 Weeks Post-Op	6 Months
RN pre-screen for need for PT pre-op visit. RN to educate patient about ROM to start at day 4. If PT indicated: - Gait training with device. Usually don't tolerate much weight on foot at first. Warn patient that surgery site is painful for the first few days, feels like a strong kick to the calf. Usually feel quite a bit better by 4th day post-op. If bilateral, patient will need walker and/or w/c. - Exercise training—prepare for post op exercises—will begin gentle AROM on day 4. Measure range of ankle dorsiflexion knee straight, knee bent. Patient will not have full strength of gastroc for several months.	CAM boot. WBAT 1st POD. Walking (protected by CAM boot) is advantageous in prevention of scar contracture. 1st 24-48 hours after surgery are the most painful. **Exercises: Day 1-4 post-op** - Toe pumps/curls - Foot intrinsics: MTP flexion with DIP/PIP extension, toe add/abd - Light ankle/STJ isometrics in cast/splint - Knee extension (quad sets) to provide mild stretch to gastroc **Exercises: Day 4 post-op** - Add gentle AROM ankle, STJ (remove CAM boot for exercise 3-4 times per day). AROM: 4-5th POD PROM: no Stretch: no Resistance: no	MD follow-up visit. CAM off during day. Walking in regular shoes during the day. CAM boot or night splint at night to maintain DF position in neutral until 6 weeks post-op. - Instruct patient in beginning scar massage/ transverse friction massage (may benefit from Silipos). Exercises: Add - Gentle gastroc stretch using towel/shoe on - Beginning strengthening with lightweight theraband all motions - Sitting arch lifts AROM: yes Stretch: gentle Resistance: light	MD follow-up visit. Measure range of motion. Practice normal weight loading of foot in stance and gait. Exercises: Stretching: Stair-step stretch, shoe on, foot positioned with *heel* only off edge of stair. Standing "runner's type" gastroc stretch if patient can position foot in subtalar neutral only (don't allow foot to be pronated in stretch). Strengthening: Theraband gastroc-soleus, Post. Tib, intrinsics, Peroneals, Tib Ant with toes relaxed. Progress to single leg stance activities: static balance, standing heel lifts, arch lifts, etc. Eccentric strengthening. Assess hips, quads. 8-week functional eval (SLS heel raise, squat, balance, reach) Progressive conditioning Impact, plyometrics as tolerated 14-week functional eval (jump, hop, step) AROM: yes Stretch: as tolerated Resistance: as tolerated	MD follow-up visit. Functional strength/ROM eval.

This is a standard program; any unusual circumstances noted by MD or therapist should be clarified and protocol modified as warranted. Updated 12/30/2016