

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

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"> - No previous ortho surgery - Bilateral surgery - Previous failure - over 65 - co-morbidities including UE injury/dysfunction <p>PT pre-op visit</p> <ul style="list-style-type: none"> - Assess current level of function (ADLs/Mobility), ability to manage post-op restrictions, use of assistive devices. - Screen PMH, condition of UEs, and contralateral LE - Home environment: modifications needed? Assistance available? SNF or HH needs. - Teach post-op mobility restrictions - Gait training: NWB on surgical foot unless otherwise indicated. Must be able to transfer and walk maintaining precautions. <p>Examples of potential gait devices: Crutches, walker, wheelchair, knee scooter, “peg-leg”</p> <p>Patient to obtain equipment and bring to hospital.</p> <p>Verbally review/educate:</p> <ul style="list-style-type: none"> - General post-op exercise program: ROM, strengthening for UEs, 	<p>NWB on surgical foot.</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"> - POD 1: Bed exercises for joints above surgical sites. Make sure to fully straighten knees periodically. Gentle A/AA/PROM toes, intrinsics; stretch toes into dorsiflexion at MTPs with MTs stabilized. - POD 2-3 Ambulation with PT. May be up in chair for limited time at MD discretion. Keep foot elevated while sitting. Limit time with extremity dependent. <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>NWB on surgical foot.</p> <ul style="list-style-type: none"> - Patient teaching: Edema control. Desensitization techniques prn. Gentle scar massage. - Measure range of motion. - Continue toe/intrinsic exercises. <p>Add: A/AA/PROM ankle, STJ with gentle overpressure OK.</p> <ul style="list-style-type: none"> - Continue HEP with hip, knee, UE exercises and isometrics/general body strengthening and conditioning. <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>NWB on surgical foot, posterior splint.</p> <ul style="list-style-type: none"> - Measure range of motion. - Pt. teaching: Scar mobilization. - Edema management, compression stocking. - Continue/reinforce H.E.P. A/AA/PROM ankle, STJ, toes. Mild overpressure/ gentle joint mobilization (grade 1-2) OK. - OK to use light weight resistance band, start belt-type calf stretch. - Home exercise program, strengthening, conditioning uninvolved extremities. - Swimming OK but not walking in water. No aggressive kicking. 	<p>12-week visit, x ray.</p> <p>Typically start Progressive WB per MD written orders.</p> <ul style="list-style-type: none"> -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. - If patient develops increased pain or swelling, back off to lesser weight and gradually build back up. <p>Over the counter orthotic (Spenco, Superfeet) may be helpful.</p> <ul style="list-style-type: none"> - OK to use resistance band for ankle, STJ exercises. - Soft tissue/scar mobilization. - Desensitization techniques. - Gentle joint mobilization. - When comfortably FWB with good gait pattern wear* off assistive device (by 16-17 weeks). Shoe modification if needed. - Begin balance and proprioceptive training when 	<p>4 months:</p> <ul style="list-style-type: none"> - Progression of gait, advanced balance and proprioception activities. <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"> - Ankle, subtalar stretching. - Joint mobilization. - Advanced balance and gait training, maximize quality of gait. - Higher impact activities OK. - Ankle, STJ, strength-endurance training. - Functional assessment: e.g., timed single leg stance balance and reach, heel raise, squats, step ups. - Assess shoes/orthotics.

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