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Post-Operative Protocol: Hindfoot Fusion

Phase	Restrictions & Precautions	Physiotherapy Intervention	Rehabilitation Goals
Pre-operative			
2-4+ WEEKS PRE-OPERATIVELY	Equipment: <ul style="list-style-type: none">- Gait aid.- Obtain postop boot.	<ul style="list-style-type: none">- Education RE: what to expect & what is expected of you post-operatively.- Education & practice RE: use of gait aid (as necessary), mobility, transfers, and stairs while maintaining post-op WB status.- Review immediate post-operative exercises.- Education re: benefits of strengthening & cardio pre-operatively.	<ul style="list-style-type: none">- Prepare for post-op rehabilitation.- Safe ambulation, transfers and stairs with gait aid while maintaining post-op WB status.
Post-Operative			
IMMEDIATE POST-OP (0-3 WEEKS)	<ul style="list-style-type: none">- Non-Weight bearing.- Elevation of affected side in supine <i>"Toes above the Nose"</i>.- Do not get foot wet.	<ul style="list-style-type: none">- AROM of hip and knee- Strengthening of hips, knees and core.- Education RE: use of gait aid (if appropriate), mobility, transfers, and stairs while maintaining non-weight bearing status	<ul style="list-style-type: none">- Protect Surgery.- Promote incision healing.- Control pain and swelling.- Minimize loss of hip and knee ROM and strength.- Minimize loss of core strength.
Criteria to Progress: <ul style="list-style-type: none">- Follow-up appointment with surgeon.- Staples/sutures removed.- Adequate pain control (< 5/10).			

Legend:

AAROM – Active assisted range of motion
AROM – Active range of motion
PROM – Passive range of motion
ROM – Range of motion

WB – weight bearing
NWB – Non weight bearing
WBAT – Weight bearing as tolerated
LE – Lower Extremity

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INTERMEDIATE POST-OP (3-8 WEEKS)	<ul style="list-style-type: none"> - non-weight bearing continued - Start transition into Air Cast - Avoid post-exercise pain and swelling. 	<ul style="list-style-type: none"> - Continue with LE and core strengthening while maintaining WB status. - Scar mobilization once incision is fully healed. - Start gentle ankle/foot ROM (PROM/AROM). 	<ul style="list-style-type: none"> - Protect Surgery. - Control pain and swelling. - Improve proprioception. - Minimize loss of hip and knee ROM and strength. - Minimize loss of core strength. - Normalize gait as much as possible. - Increase scar mobility. - Independence with home exercise program – to be performed daily.
Criteria to Progress: <ul style="list-style-type: none"> - Adequate pain control (<3/10). 			
LATE POST-OP (8-12 WEEKS)	<ul style="list-style-type: none"> - start Gradual weight bearing with an assistive device, continue using Air Cast until 12 weeks post-op 	<ul style="list-style-type: none"> - Commence ROM and strengthening exercises for the foot and ankle. - Talocrural and subtalar mobilizations as appropriate. - Proprioception (joint position sense). - Bilateral and unilateral balance exercises. - Continue with core and hip/ knee strengthening exercises. - Stationary cycling and other aerobic machines as tolerated. - Swimming/pool jogging if incision healed 	<ul style="list-style-type: none"> - Continue to protect repair. - Normalize gait. - Restore proprioception. - Maximize ankle ROM and strength.
Criteria to Progress: <ul style="list-style-type: none"> - No post-exercise pain and swelling. - Normalized gait pattern without gait aid. - Adequate joint position sense (< 5 degree error). 			

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TRANSITIONAL (12-20+ WEEKS)	<ul style="list-style-type: none">- Avoid post-exercise pain and swelling.-Return to normal footwear.	Progressive ROM, strengthening and balance exercises.	<ul style="list-style-type: none">- Progress ankle and LE strengthening.- Normalize functional movements.
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