

POSTERIOR TIBIAL TENDON RECONSTRUCTION WITH FDL TRANSFER AND CALCANEAL OSTEOTOMY

RX:

Physical Therapy: 2-3 times/ week for 6 weeks

1. ROM and stretching Right and left foot and ankle
2. Strengthening program for intrinsic and extrinsic muscles of the foot and ankle, with particular attention to inversions with plantarflexed foot.
3. Instruct in home strengthening program to be performed daily with Theraband
4. Modalities PRN

PHASE 1 (start 2-4 weeks post-op; start time will vary)

- 1) Visit 1 – Patient is evaluated
 - a) Begin ankle ROM exercises: AROM, alphabet, and ankle circles.
 - b) Begin intrinsic foot musculature strengthening with towel scrunch.
 - c) Gait training, in
- 2) Visits 2 and 3
 - a) Continue with ankle ROM exercises as needed.
 - b) Begin gentle ankle strengthening including manual resistance exercises, 4-direction theraband exercises, and seated DF/PF.
 - c) Instruct patient in PF/INV to isolate the transferred tendon not the anterior tibial tendon, strengthening with manual resistance, progressing to theraband.
 - d) Begin proprioceptive exercises such as the seated BAPS board.
 - e) Continue with intrinsic foot musculature exercises including use of marble pick up.
 - f) Begin aerobic conditioning such as the bike.
- 3) Visits 4 and 5
 - a) Progress the strengthening exercises to include the leg press in CAM walker.
 - b) Address additional strength deficits of the involved extremity using machines that may include knee extension machine, hamstring curl machine and multi hip machine.

PHASE 2 (6 to 10 weeks post-op)

- 4) Visits 6 and 7
 - a) Begin to discontinue use of CAM walker in therapy as tolerated.
 - b) Begin weight bearing proprioceptive exercises on static and dynamic surfaces to include single limb stance exercises, plyoball and 4-way theraband exercises standing on involved limb.
 - c) Advance strengthening activities to include standing heel raises, squates, lunges and step-ups.
- 5) Visits 8 and 9
 - a) Begin progressive weight bearing without the CAM walker (12 weeks post-op), and assess the need for orthotics to maintain appropriate arch alignment.
 - b) Address additional gait deficits and abnormalities.

- c) Continue exercise progression with increased weight bearing with activities in single limb stance and with additional weight.
- d) Advance aerobic conditioning to include the treadmill, stepper, etc.

PHASE 3 (14+ weeks post-op)

- 6) Visits 10 and 11
 - a) Begin sports specific training with sport cord activities including lunges and semicircles.
 - b) Progress difficulty of proprioceptive exercises done on dynamic surfaces only.
- 7) Visits 12, 13, 14
 - a) Begin hopping and jumping drills and other plyometric training for return to sports as appropriate.
 - b) Begin running based on MD clearance.
 - c) Discharge with HEP (emphasize goal of single heel raise by 9 to 12 months post-op).

DISCHARGE CRITERIA (10-14 visits)

- 1) Normal gait without assistive device or bracing.
- 2) Minimal to no pain with ADLs.
- 3) Minimal to no joint effusion.
- 4) Adequate neuromuscular control and proprioceptive awareness based on ability to perform stabilization exercises and ability to participate in recreational/sport activities.