

Post-Operative Regimes for Foot & Ankle Patients

These are general guidelines. Please consult the operation note for instructions specific to each case. As the treating physiotherapist, if at anytime you are uncertain about a specific case, please contact my secretary immediately.

As a patient who has undergone recent surgery under my care, if at any time you feel unwell, or develop wound problems, please contact my secretary immediately.

OPERATIONS:

First metatarsal osteotomies +/- Akin osteotomy – Bunion correction

1. Elevation of foot for 48 hours
2. Home with Darco heel wedge shoe
3. Allow weight bearing as tolerated in shoe +/- crutches, as assessed by physiotherapist
4. Allow gentle movement of toes in bandages
5. Darco shoe on for 24 hours a day for six weeks
6. Removal of sutures in clinic after two weeks
7. X-ray at six weeks
8. Physiotherapy at six weeks to encourage movement; to activate intrinsics

First MTPJ fusion

Instructions as above. Note, big toe does not move.

Forefoot reconstruction: Weils osteotomies/Excision arthroplasties metatarsal heads +/- PIPJ fusions

Instructions as above. K-wires out at four weeks.

Dorsal cheilectomy 1st Metatarsal

1. Elevate foot for 48 hours
2. Weight bearing as tolerated in flat sole Darco shoe
3. Mobilise toe in bandages after 48 hours
4. See at two weeks for removal of sutures in outpatients

Hindfoot fusions; isolated subtalar/isolated talo-navicular/triple fusions

1. Elevate for 48 hours
2. Back-slab for two weeks
3. Mobilise non-weight bearing. Physiotherapist to assess for crutches or frame
4. Review at two weeks in outpatients for clips/sutures removal and conversion to full POP
5. Six weeks for plaster off, x-ray on arrival
6. Further six weeks in plaster. Weeks 6-12 partially weight bear as tolerated
7. At three months, plaster off, x-ray on arrival
8. Physiotherapy if required to build up calf muscles and ankle movements

Ankle fusion (open/arthroscopic)

1. Elevate for 48 hours
2. Back-slab for two weeks
3. Physiotherapist to assess for crutches and frame
4. Two week review in outpatients for clip/suture removal and conversion to full POP.
5. Six weeks outpatient review, plaster off and x-ray on arrival

6. Further six weeks in POP. Weeks 6-12 partially weight bear as tolerated
7. Review at three months, plaster off and x-ray on arrival and mobilise free of plaster

Gastrocnemius slide/tendo-achilles lengthening

1. Elevate for 48 hours
2. Two weeks in POP. Weight bear as tolerated
3. Review at two weeks, sutures out and plaster off. Range of motion exercises and mobilise as tolerated with calf stretches. Physiotherapy if required

Tendo-achilles repair/reconstruction

1. Elevate for 48 hours
2. Back-slab for two weeks. Non-weight bearing
3. Two week review for removal of sutures and change of plaster. Weeks 2-8 in plaster.
4. Eight weeks plaster off
5. Mobilise weight bearing as tolerated with a small heel wedge
6. Discard heel wedge once patient can get foot plantar grade and fully weight bearing without any discomfort

Ankle arthroscopy

1. Elevate for 48 hours
2. Non-weight bearing with crutches for 48 hours then partial weight bearing as tolerated for two weeks.
3. Bandages down and removal of sutures at two weeks in outpatients.
4. Mobilise ankle as tolerated in bandages.

Knee arthroscopy +/- therapeutic procedure

1. Partial weight bear for 24 hours. Weight bear as tolerated after that
2. Knee exercises to be shown by physiotherapist
3. Advice given regarding ice/stairs/work/driving

Total hip replacement

Day1 – Sit up in bed

Day 2 – Stand with physiotherapist. Fully weight bearing as tolerated

Total knee replacement

Day 1 – Commence active range of movements as tolerated. Fully weight bear as tolerated.