## ACCELERATED REHABILITATION PROGRAM

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A Physiotherapist should lead you through your rehabilitation program after surgery. This table is a guide and changes may be required depending on your progress.

Week	Exercises	Crutches	Footwear	Weight Bearing
0-2	Physio guided passive range of motion no more than neutral. Open chain strength exercises for quads, hamstrings, glutes hip flexors.	Yes	Plaster Cast <u>or</u> CAMBOOT with 30mm heel lift <u>or</u> VACOPED (3) plus wedge sole.	Non- weight bearing.
2-4	Begin physio guided active range of motion ankle exercises from week 3-4. Continue strength exercises as above including gentle closed chain quads, hamstrings, glutes. Can commence light isometric calf exercises at low resistance and reps, no stretching beyond 10° plantar flexion.	Yes	CAMBOOT with 30mm heel lift <u>or</u> VACOPED (3) plus wedge sole for 2nd week. CAMBOOT with 20mm heel lift <u>or</u> VACOPED (2) and wedge sole for 3rd week.	Touch weight bearing (10% body weight) initially building to partial weight bearing (50% BW) by 4th week.
4-6	Hydrotherapy may begin if wound healing is adequate. Gentle calf stretching with a towel (not body weight). Light concentric and eccentric calf raises with heel lift and progression to resisted ankle movements (not past plantar grade). Closed chain weight bearing quads, hamstrings, glutes, calf strengthening with physio guidance.	Yes	CAMBOOT with 10mm heel lift <u>or</u> VACOPED at (1) with flat sole for 4th week Transitioning towards plantargrade until boot is completely removed.	Partial weight bearing transitioning towards full weight bearing.

## Mr Daniel Goldbloom

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Week	Exercises	Crutches	Footwear	Weight Bearing
6-8	Hydrotherapy. Begin gait and ankle proprioception retraining.	Yes	Yes CAMBOOT with no heel lift <u>or</u> VACOPED at (0) with flat sole.	Partial weight bearing transitioning towards full weight bearing.
	Moderate load close/open chain calf strengthening to plantar grade only.			
	Continue hip and knee strengthening as necessary.			
8-10	Hydrotherapy, stationary cycling.	No	CAMBOOT with no heel lift <u>or</u> VACOPED at (0) with flat sole.	Full weight bearing.
	Higher level proprioception training.			
	Independent gait.			
10-12	Cont. high load ankle, knee, hip strengthening (can be performed independently).	No	Regular footwear.	Full weight bearing.
	Low level calf plyometric exercises (fast CRs, tip toe walking.			
	**No hopping, jumping, running.			
	May begin walking, light jogging after 12 weeks, swimming, cycling.			
	Can begin upper limb sports specific training eg. Shooting basketball, tennis shots from standing start, contralateral kicking small.			
12-32	Moderate load plyometrics at 12 weeks with supervision (double leg jumps, skipping).	No	Regular footwear.	Full weight bearing.
	May begin sports specific training drills: if returning to contact sport only controlled outcome drills ie. No tackling, sudden unexpected change of direction, jumping without in air contact etc until cleared by surgeon and physio.			
	Progression of calf stretching past plantar grade.			

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If you have any questions please do not hesitate to contact Mr Goldbloom's rooms on 0493 051 985.

The Accelerated Rehabilitation Program has been developed by Mr Goldbloom in conjunction with Physiotherapists, Brodie Leonard-Shannon and Brendan Mason from Back in Motion, Aspendale Gardens.

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