

Hays Medical Center

5th Metatarsal ORIF

General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications. The total length of rehabilitation will vary depending on the following factors: severity or acuteness of injury, age, health, personal goals of patient, or healing of the fracture site.

PHASE I: (Protection)

Weeks 1-2

Weight Bearing-

1. Non-weight bearing with crutch use. Duration to be specified by physician

Orthotics-

1. Use of postoperative posterior splint

Modalities (PRN)-

1. Ice, E-stim, Compression, and Elevation as needed to control pain and swelling
2. Ice for 20 minutes following exercises throughout protocol.

Exercises-

1. Strengthening of the non-operative joints (knee, hip, Upper Extremities)
2. No resisted / strengthening exercises of the foot or ankle

PHASE II: (Intermediate)

Weeks 3-6

Weight Bearing-

1. Weight bearing as directed by physician

Orthotics-

1. Walking boot per physician orders for exercises and ADL's
2. May perform exercises out of orthotic as appropriate

Modalities (PRN)-

1. Continue only as needed.

ROM-

1. Begin ankle Active and Passive ROM and progress to full as tolerated

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Exercises-

1. Aquatics
 - a. As appropriate for weight bearing restrictions
 - b. When incision healing allows
2. Seated wobble board / BAPS board
 - a. Progress to standing as weight bearing allows
3. Intrinsic foot strengthening
 - a. Marble pick up, towel scrunches
4. Stationary bicycle in boot
5. Shuttle / Leg Press
 - a. Within weight bearing restrictions
6. Ankle Isometrics (Sub-maximal, Sub-painful)
 - a. Progress to maximal as tolerated
7. Seated Ankle ROM including calf raises and toe raises
8. Isotonic ankle strengthening, all planes as tolerated
 - a. Theraband
 - b. Shuttle calf raises
 - c. Standing/seated calf raises with resistance
9. Balance/proprioception

PHASE III: (Strengthening)

Weeks 7-8

Weight Bearing-

1. Weight bearing as directed by physician

Orthotics-

1. May discontinue boot and transition to shoe per physician direction
 - a. Must be without pain and minimally tender fracture site.

ROM-

1. Maintain full ROM

Exercises-

1. Continue Phase II, advance resistance and duration as tolerated.
2. Initiation of light sports / work activity (Must have no pain while walking)
 - a. Plyometrics
 - b. Sport specific agility
 - c. See Interval Golf and Interval Running programs
 - d. DIME warmup

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PHASE IV: (Advanced Strengthening)

Weeks 9-10+

Orthotics-

1. Orthosis to be used at the direction of the physician

Exercises-

1. Continue Phase III, advance resistance and duration as tolerated.
2. As strength and proprioception improve, progress sport-specific activities as tolerated
3. May perform functional testing if requested by physician
 - a. Isokinetic Strength Test (Goal: 90% of uninvolved leg)
 - b. Hop Testing – Single hop for distance, 3 hop test, Crossover Hop test, 6m timed hop (Goal: 90% of uninvolved leg)
***Please complete functional testing sheet and send results to physician**
4. Patients will have full release to play sports during this time frame, but only with physician approval based on strength, functional test results, and overall level of function