HaysMed

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) PT does not start until week 3

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

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

(exercises cont'd weeks 3-6)
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

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
    See LE functional testing protocol (Goal: 90% of uninvolved leg)
    ***Please complete functional testing sheet and send results to physician**

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