

Name _____

Therapist _____

Physician _____



Patient Flow Sheet

proaxistherapy™

Calcaneal Osteotomy with FDL transfer to the Navicular (Flatfoot Reconstruction)

**Cast or Splint Post-Operative x 6 weeks with progress to walking boot with supportive orthotic
Non-weight bearing x 6 weeks**

Phase 1 – Maximum Protection

Weeks 4-6

Swelling and edema management
Initiate open chain range of motion exercises (ankle pumps, alphabet)
Initiate intrinsic exercises (marble pick-ups, towel scrunch)
Initiate open chain hip and knee exercises (leg raises, SAQ)
Avoid excessive eversion or dorsiflexion stretching
GOALS: independent ADL's, swelling management, adherence to weight bearing precautions

Phase 2 – Progressive Weight Bearing

Weeks 6-10

Initiate weight bearing in boot 25% with progression to 100% by week 10
Initiate AROM, PROM avoiding excessive eversion or dorsiflexion
Open chain hip and knee strengthening, stationary bike, ankle theraband DF/PF, isometrics
Joint mobilizations as needed avoiding calcaneal eversion or excessive dorsiflexion
Initiate BAPS (avoiding eversion), gentle shuttle in boot following weight bearing precautions
Criteria to progress: pain free weight bearing in boot, full active and passive ROM

Phase 3 – Strength

Weeks 10-14

Begin progression to supportive tennis shoes with airlift PTTD brace
Initiate firm surface balance activities, step ups, squatting, lunging, heel raises
Criteria to progress: pain free ADL's in supportive tennis shoe, no swelling, pain free closed chain exercises

Phase 4 – Return to sport

Week 16+

Progress into orthotic with tennis shoe vs brace
Initiate unstable surface balance activities, sport cord training, steamboats,
Initiate gentle plyometric exercises
Initiate running program week 20

Return to Activities (approximation)

Golf	3 months
Running	6 months
Pivoting/cutting sport	8-9 months

Surgeon Comments: