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Jones (5th Metatarsal) Fracture ORIF – Postoperative Protocol – Dr. Pao

WEEKS	Key Points / Considerations	Misc
0-4	**-Non-weight-bearing (NWB) for the entire phase.** **-Splint – wks 0-2. Boot wks 2-4.** **-First post op appointment at 2 wks: X-Rays, Sutures out, Transition to boot, Remain NWB.** • Toe ROM: Gentle ROM exercises for toes to prevent stiffness. • Ankle pumps and circles: To promote circulation and prevent stiffness, without stressing the fracture site. (at 2 wks) • Core and upper body strengthening: Maintain overall conditioning. • Seated calf raises, toe towel curls desensitization massage begin at 2 wks • Wk 2- start using bone stimulator once out of the splint	**Goal:** Protect the surgical repair and manage swelling. **Precautions:** • Use crutches/knee scooter. • Keep the foot elevated to control swelling. • Monitor for signs of complications (e.g., infection, excessive swelling).
4-8	**-Weight-Bearing: Partial weight-bearing (PWB) initiated at 4 weeks, progressing as tolerated. Start WB using crutches/boot, can likely be full WB in boot by 10-14 days. Transition to shoe by weeks 6-8.** • Proprioceptive training started in boot, biking in boot • Continue toe ROM and ankle mobility exercises. • Isometric strengthening of lower leg (without significant stress on the foot). • Begin gentle resistance exercises for the ankle (e.g., banded dorsiflexion, inversion/eversion) by Week 6. • Wk 6 -Standing bilateral calf raises. Use pain as guide to progress towards single leg calf raise	**Goal:** Begin controlled weight-bearing, continue protecting the surgical site. **Precautions**: • Avoid high-impact activities. • Ensure progressive increase in weight-bearing without pain or swelling.
8-12	- **Weight-Bearing: Continue full weight-bearing as tolerated in regular shoe with carbon fiber plate (CFP).** • Full range of motion (ROM) exercises for the ankle and foot. • Progress to weight-bearing balance and proprioception training (e.g., single-leg stance, balance board). • Resisted strengthening exercises: Start lower leg resistance exercises, focusing on calf raises and toe curls. • Aquatic therapy: If available, begin low-impact water-based exercises.	**Goal:** Transition to full weight-bearing and wean off the boot. **Precautions:** • Ensure no limping during walking in the boot or after transitioning to regular footwear. • Monitor for any signs of pain during full weight-bearing.

12+	**-Full weight-bearing in normal footwear with the carbon fiber insert.** **-Progress to full participation in practice with close monitoring.** ***Return to Play: Full clearance based on clinical exam, functional testing, and imaging if necessary*** • Progress to single-leg strengthening exercises (e.g., single-leg squats, lunges). • Advanced balance and proprioception drills (e.g., dynamic balance, agility drills). • Sport-specific drills: Gradually reintroduce running, cutting, and jumping mechanics. • Continue calf strengthening and foot intrinsic muscle training. • Continue strength and conditioning for lower extremity, focusing on explosive movements and agility. • Plyometrics and sport-specific drills: Progress intensity gradually. • Use carbon fiber insert for sports at least 6 months post op. • Clamshell splint in cleat - made from perforated aquaplast, wean directly on skin (if available)	**Goal:** Restore functional strength, mobility, and endurance. **Precautions:** - Avoid high-impact or competitive play until cleared by a physician and confirmation of radiographic healing - Gradual return to sport-specific activities is crucial to prevent re-injury.

Guidelines:

- The post op protocol may be adjusted based on timing of the injury/surgery, the athlete's recovery, symptoms, and functional progress.
- Protocol may be altered in a revision scenario.
- It is normal for the operative limb to be swollen up to 6-12 months post-op.
- The patient may drive if the surgery is on the LEFT foot as pain and swelling allows, if balance can be maintained, and patient can adhere to post op protocol.
- If the surgery is on the RIGHT foot, consult your surgeon before resuming driving.
- **It is important to bring this protocol to your PT appointments, so your therapist is aware of the precautions.**
- **It is extremely important to avoid falling in the post-operative period, as this increases the risk of compromising the repair / incision line.**
- **Important to use bone stimulator (if prescribed by the surgeon) throughout the recovery as directed.**
- **Some patients may have bone graft taken from the iliac crest. This is done to augment the repair. Typically there is a dry dressing placed there without any sutures.**