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Midfoot/Lisfranc ORIF – Postoperative Protocol – Dr. Pao

WEEKS	Key Points / Considerations	Goals
0-2	**NWB (Non Weight Bearing) for first 2 weeks in splint.** • Sutures removed at 2 wks (first post op appointment) • Edema Control: Elevate the foot/leg in the splint. • Toe wiggling and gentle isometric contractions to prevent stiffness and improve circulation. • Begin gentle ROM exercises for non-affected joints (e.g., knee ROM, and hip strengthening exercises).	• Protect the surgical site • Manage pain/swelling • Prevent stiffness in non – immobilized joints
2-6	**Transition to a CAM boot at 2 weeks, remaining NWB.** • Continue edema control with elevation and compression wraps (as needed). • Gentle ROM for toes, ankle, and adjacent joints (e.g., dorsiflexion, plantarflexion, inversion, and eversion). • Begin low-intensity isometric strengthening for the ankle and foot (e.g., dorsiflexors, plantarflexors, inverters, and everters). • Core and upper-body strengthening exercises to maintain overall conditioning.	• Continue protection of the repair • Prevent muscle atrophy and stiffness • Begin preparing for progressive weight-bearing

6-8	**Begin partial weight-bearing (PWB) in the CAM boot with crutches or walker support.**
	
	• Progress to full weight-bearing as tolerated by Week 8.
	• Gentle ROM and mobility exercises for the midfoot and ankle (e.g., ankle circles, midfoot mobilizations).
	• Continue strengthening exercises for the foot and ankle, including:
	  ○ Theraband resistance for ankle dorsiflexion, plantarflexion, inversion, and eversion.
	  ○ Intrinsic foot strengthening (e.g., towel scrunches and marble pickups).
	• Begin balance exercises (e.g., double-leg stance on a stable surface).
		• Gradual transition from NWB to full weight-bearing
		• Begin low-impact mobility and strength exercises

8-12	**Transition out of the boot into supportive athletic shoes.** • Strengthening: Progress with calf raises (double leg to single leg), incorporate foot intrinsic exercises, and add functional exercises like step-ups. • Balance and Proprioception: Initiate single-leg balance training and progress to unstable surfaces. • Gait Training: Focus on proper gait mechanics and midfoot push-off. • Begin low-impact cardiovascular conditioning (e.g., cycling, elliptical).	• Restore strength and stability • Normalize gait pattern • Improve balance and proprioception
12-16+	• Strength Progression: Include functional strengthening (e.g., squats, lunges) and introduce light plyometrics if cleared. • Balance and Agility: Progress to advanced balance drills (e.g., BOSU ball exercises, cone drills). • Activity-Specific Training: Begin low-impact sports drills and progress to higher impact as tolerated. • Progression should be guided by patient tolerance and absence of pain or swelling. • Communicate with the surgeon regarding any setbacks or concerns (e.g., midfoot pain or difficulty transitioning to weight-bearing).	• Full strength and stability • Return to high-impact activities (if appropriate)

Guidelines:

- The post op protocol may be adjusted based on additional procedures that are performed at the time of surgery. The protocol may be adjusted for patients returning to certain sports/activities.
- 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.**
- **There are some surgeries where a secondary surgery (hardware removal) is performed once the injury has fully healed.**