

Post-Operative Instructions **Osteochondral Allograft Talus with Medial Malleolar Osteotomy**

Day of Surgery

- A. Diet as tolerated.
- B. Pain medication as needed every 6 hours.
- C. Icing is important for the first 5-7 days post-op. Ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. Make sure you have a physical therapy post-op appointment set up to start two weeks after surgery

First Post-Operative Day

- A. Continue icing
- B. You will need to keep your incision dry when taking a shower. Do this for about 2 weeks after surgery. If you have a splint or half cast (hardshell) leave it dry. No need to do dressing changes until your first follow-up visit at 2 weeks post-op.

Second Post-Operative Day

- A. Continue icing

Third Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. You may remove the surgical bandage after you shower and apply regular bandages to the wounds. If you have a splint you do not need to change anything. Keep extremity dry until first follow up appt

Ankle Support

- A. Weeks 0-2: posterior slab/splint
- B. Weeks 2-6: Aircast/CamWalker type boot. No weight bearing
- C. Weeks 6-8 WBAT (weightbearing as tolerated in boot)
- D. Week 8-12: wean off boot

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Rehabilitation Protocol: Osteochondral Allograft Talus with Medial Malleolar Osteotomy

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 1-2)

- **Goals**
 - Control pain and swelling
 - ADL (activities of daily living)
- **Guidelines**
 - NWB (non-weight bearing)
 - Elevate to control swelling
 - AROM hip and knee
 - Sutures dissolved/removed @ 10-14 days
 - ADL

Phase II (Weeks 3-6)

- **Goals**
 - Normal gait
- **Guidelines**
 - NWB for a total of 4-6 weeks (depending on discretion of surgeon)
 - Begin physical therapy at week 3
 - Start ankle AROM (active range of motion)/PROM (passive range of motion)

Phase III (Weeks 6-10)

- **Goals**
 - Full ROM (range of motion)
 - Full strength and endurance
 - Good proprioception
- **Guidelines**
 - Wean from boot as tolerated
 - Massage for edema
 - AROM in all directions
 - NWB
 - WB ROM as tolerated
 - Gait retraining
 - Manual mobilization if required
 - Strengthening
 - Ankle
 - Theraband resisted training in all directions
 - Progress to WB exercises as tolerated

- Toe raises
- Inversion/eversion on wobble board or fitter
- Proprioception retraining
- Dynamic training
 - Hopping
 - Skipping
 - Running
- Progress to plyometrics

Phase IV (Week 10+)

- **Goals**
 - Return to work and/or activity
- **Guidelines**
 - Full activity as tolerated
 - Work or sport specific retraining

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____