

PT19: Triple arthrodesis

Indications: Severe foot deformity, including plano-valgus, equino-valgus, equino-varus or cavo-varus deformity

Procedure: Arthrodesis of subtalar, calcaneo-cuboid and talo-navicular joints. Fixation maintained with internal hardware

Casting: Short leg cast for 6 weeks, 1st 3 weeks are **non weight bearing**, 2nd 3 weeks are weight bearing as tolerated

Healing Time: Approximately 6-8 weeks

Precautions:

- Child will be non-weight bearing in a short leg cast for 3 weeks using a walker or crutches, weight bearing as tolerated post-op weeks 4 - 6.

Contraindications:

- Avoid impact activities until 8 weeks post-op

Phase 1: Post-op day 1-7

Goals: -protect the surgical site, both skin incision and bony healing, **non weight bearing** for the 1st 3 weeks post-op

- Pain management may include use of ice, heat and/or electrical stimulation for pain modulation only
- Patient and family demonstrate safe mobility and transfers for ADL completion
- Patient and family demonstrate understanding of post-op precautions and home exercise program
- Passive, active assistive and active range of motion of the hips and knees
- Isometric contraction of the gluts, quads, hamstrings
- functional balance when standing for transfers, ADLs

Criteria to Progress:

- safe mobility and transfers for completion of ADLs

Phase 2: Post-op day 8-21

Goals: -pain management as needed – may be a priority with spasticity

Criteria to Progress:

- independent with transfers, ADLs and mobility

Phase 3: Post-op 22 to completion of PT care

Goals: -begin progressive weight bearing as advised by the referring physician

- functional standing balance for safe transfers
- avoid impact, torque, reduce the risk for falling
- assess need for bracing, assistive devices
- begin transverse friction massage/scar mobility at ~ 6 weeks post-op/ when incision healing is complete
- full ROM bilateral lower extremities, all planes, all joints
- lower extremity strengthening with emphasis on glut max, glut med, calf as well as **quality** of gait pattern
- Return to pre-operative function and activity

When multiple procedures are performed at the same surgical event, the post-op physical therapy care needs to default to the most conservative time frames and guidelines.