



## ***Talus OCD Repair Rehabilitation Guideline***

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This rehabilitation program is designed to return the individual to their activities as quickly and safely as possible. It is designed for rehabilitation following surgical repair of OCD of Talus. Modifications to the protocol may be necessary depending on the location and size of the repair, age, weight, comorbidities and concomitant injuries or procedures performed. This evidence-based surgical repair of OCD of the talus is criterion-based and time frames in each phase will vary depending on many factors including patient demographics, goals and individual progress. This protocol is designed to progress the individual through rehabilitation to full sport and activity participation. The therapist must modify the program appropriately depending on the individual's goals for activity.

This protocol is intended to provide the treating clinician with a guideline for rehabilitation. It is not intended to substitute for making sound clinical decisions regarding the patient's post-operative care based on exam/treatment findings, individual progress and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

## General Guidelines/Precautions:

- NWB for first 2-4 weeks (physician's preference) in younger, athletic population, smaller lesions (less than 1 cm) of central or posterior talus.
- Patients who have anterior talar lesion, smokers, high BMI, increased age, lesion greater than 1 cm may be NWB up to 6 weeks.
- Ankle range of motion limited to gentle active range of motion in sagittal plane for 6 weeks
- Running typically occurs around 12 weeks - initiate running protocol at 12 weeks
- Expect slower progressions with larger lesions greater than 1 cm and if micro-fracture procedure was performed
- Return to sport timeframe expected around 4-6 months - refer to the Ankle Return to Sport guideline

# Postoperative Guidelines

PHASE	SUGGESTED INTERVENTIONS	GOALS/MILESTONES FOR PROGRESSION
<p><b>Phase I</b> <i>Patient Education Phase</i></p>	<p><b>Discuss:</b> Anatomy, existing pathology, post-op rehab schedule, racing and expected progressions</p> <p><b>Instruct on Pre-op Exercises:</b> NWB gait</p> <p><b>Immediate Post-Operative Instructions:</b> RICE and gait training</p>	<ol style="list-style-type: none"> <li>1. Sufficient upper extremity and non-surgical strength to perform non-weight bearing.</li> </ol>
<p><b>Phase II</b> <i>Acute Phase</i> <i>Weeks 0-6 weeks</i></p> <p><i>Expected visits:</i> <i>1-6 visits</i></p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>• Non-weight bearing on surgical LE x 2-6 weeks               <ul style="list-style-type: none"> <li>◦ 2-4 weeks for younger athletic population and central/posterior lesion less than 1 cm</li> <li>◦ Up to 6 weeks for non-athletic population, lesions greater than 1 cm, and anterior lesions</li> </ul> </li> </ul> <p><b>Suggested Treatments:</b></p> <p><b>Modalities as indicated:</b> Edema-controlling treatments</p> <p><b>ROM:</b> Active range of motion within tolerance in sagittal plane – started within 1st week post-operative.</p> <p><b>Manual Therapy:</b> Soft tissue mobilization for edema management</p> <p><b>Exercise Examples:</b></p> <ul style="list-style-type: none"> <li>• Ankle pumps</li> <li>• Gentle belt-assisted gastroc/soleus stretching</li> <li>• Non-weight-bearing proximal hip and knee strengthening</li> <li>• Airdyne biking in walking boot starting at 3 weeks with skin healing complete</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide environment of proper healing of repair site</li> <li>2. Control of post-operative pain (0-1/10 with ADLs in brace)</li> <li>3. Resolution of post-operative effusion (trace to 1+)</li> <li>4. Prevention of post-operative complications</li> <li>5. Ankle DF 10° or greater actively</li> </ol>
<p><b>Phase III:</b> <i>Post-Acute Phase</i> <i>Weeks 6-12</i></p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>• Continue with previous exercise program</li> <li>• Progress to WBAT in normal shoe wear with lace-up ankle brace</li> <li>• Airdyne bike in normal shoe wear</li> <li>• Progress to resistance training as tolerated within available ROM</li> </ul> <p><b>Suggested Treatments:</b></p> <p><b>Modalities indicated:</b> Edema-controlling treatments</p> <p><b>ROM:</b> Gentle passive range of motion, weight-bearing gastroc/soleus stretching</p> <p><b>Manual therapy:</b> Gentle talocrural joint mobilization if needed for capsular mobility</p> <p>Static proprioception training (double to single leg) with perturbation on variable surfaces (rocker board, air-ex pads, air discs, etc.) and emphasis on proper hip/knee stability and hip strategy</p> <p><b>Exercise Examples:</b></p> <ul style="list-style-type: none"> <li>• 4-way ankle theraband resistance</li> <li>• Ankle mobility with BAPS, fitter, wobble board</li> <li>• Heel raise progressions</li> <li>• Single limb stance progressions</li> <li>• Core strengthening/challenges</li> <li>• Squats, step-ups/downs, lunges as tolerated (depth modifications as needed)</li> </ul> <p><b>Other activities:</b> pool therapy, seated biking, elliptical, treadmill</p>	<ol style="list-style-type: none"> <li>1. Full active range of motion</li> <li>2. 90% single leg heel raise rep compared to non-surgical LE (reps till failure or compensations noted)</li> <li>3. Reduction of post-operative swelling and inflammation (no to trace effusion)</li> <li>4. Level ground ambulation without compensations</li> </ol>

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<p><b>Phase IV</b> Advanced Strengthening Phase</p> <p>Weeks 12-24</p> <p>Expected visits: 8-16</p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>• Sport-specific movement patterns (16-24 weeks post-op)</li> <li>• Initiate return to running guideline at 12 weeks</li> </ul> <p><b>Suggested Treatments:</b></p> <ul style="list-style-type: none"> <li>• ROM: Continue with manual techniques as needed for ROM impairments</li> <li>• Cardio: Increasing bike/elliptical with progression into running (return to running clearance)</li> <li>• Power/strength: Increased resistance/sets on LE strength program</li> <li>• Agility training: Cone/ladder drills</li> <li>• Jump and land assessment: Assessing mechanics on single and double limb jumping</li> </ul> <p><b>Exercise Examples:</b></p> <ul style="list-style-type: none"> <li>• Functional movements (carioca, lateral shuffling, skips, jog, backpedal, etc.)</li> <li>• Drop squats, box jumps, squat progressions, split squat, lunge progressions</li> <li>• Advanced proprioception program</li> </ul>	<ol style="list-style-type: none"> <li>1. Pain-free single limb hop</li> <li>2. Compensation/pain-free running</li> <li>3. Equal SL heel raise bilaterally</li> <li>4. Full ankle range of motion</li> <li>5. Refer to Ankle Return to Sport guideline</li> </ol>
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