

Lower Leg Fasciotomies Protocol

General notes:

"As tolerated" should be understood to include with safety for the reconstruction/repair; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Ice should be applied to the leg six to eight times per day and when swelling or pain is present.

Return to sport based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers

Post-Operative Phase I: (Weeks 0-2)

Brace:

- None

Crutches/Function:

- Ambulation: weight-bearing as tolerated with crutches, progress to full

ROM:

- Gentle ROM in all directions, progress to full

Therapeutic Exercises:

- Ankle theraband as tolerated, towel curls
- General hip and knee strengthening in non-weight bearing

Manual:

- Scar and soft tissue massage

Proprioception:

- BAPS board, weight shifting

Cardio:

- Stationary bike, UBE (arm bike), swimming

Modalities:

- HVPC (high volt pulsed current) for effusion (swelling) reduction as needed
- Cryotherapy six to eight times per day for 15 to 20 minutes each

Progression to Phase II:

- Full and painless motion
- Ambulation without limp
- Strong and painless manual muscle testing in all planes except plantar flexion
- Minimal effusion

Post-Operative Phase II: (Weeks 2-6)

Crutches/Function:

- Full weight bearing without crutches

Therapeutic Exercises:

- Initiate closed chain strengthening for ankle and entire lower extremity as tolerated
- Core strengthening

Manual:

- Scar and soft tissue massage

Proprioception:

- SLS (single limb stance), BAPS, unstable surfaces
- Joint repositioning

Cardio:

- UBE, stationary bike, elliptical

Modalities:

- HVPC for effusion reduction as needed
- Cryotherapy six to eight times per day for 15 to 20 minutes each

Progression to Phase III:

- No effusion
- No pain
- Strong and painless manual muscle testing in plantar flexion
- 100% single limb stance of contralateral side

Post-Operative Phase III: (Week 6-12)

Therapeutic Exercises:

- Progress strengthening in all planes

Proprioception:

- SLS, BAPS, unstable surfaces
- Joint repositioning
- Perturbation training (balance against resistance)

Cardio:

- UBE, stationary bike, elliptical, initiate treadmill running

Plyometrics:

- Double-leg plyometrics progressing to single leg as tolerated

Modalities:

- Cryotherapy after activity for 15 to 20 minutes

Progression to Phase IV:

- No effusion
- No pain
- 80% single leg hop of contralateral side

Post-Operative Phase IV: (Month 3-return to sport and function)

Recommend pursuing Transitional Therapy for return to sport activities during this phase

- *Transitional Therapy – a strength and conditioning program that is led by medical professionals with a sports medicine background with the goal of transitioning from therapy back to sport*
- *Contact CCMC Sports Medicine for details*

In addition to ongoing strength, balance, and cardio conditioning, initiate agility drills and sport-specific plyometric activities as tolerated such as:

Soccer/Football: Two foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, and cycled split squat jump

Basketball/Volleyball: Two foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, singleleg vertical jump, power skip, backward skip, double-arm alternate-leg bound, alternate-leg push off box drill, and sideto-side push-off box drill

Baseball/Softball/Overhead throwing sports: Two foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, cycled split squat jump, and return to throwing program