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Megan R. Wolf, MD Sports Medicine/Foot & Ankle

Sesamoidectomy

Post-Operative Protocol

Phase I - Maximum Protection

Weeks 0 to 2:

- Post-operative posterior splint
- Non-weight bearing at all times with use of crutches

 No scooter

Goals

- Reduce inflammation and pain
- Protect surgical repair
- Maintain strength and range of motion of non-operative joints
- Exercise progression
- o Open chain hip strengthening
- Gait training
- o Elevation and ice to assist with swelling reduction

Weeks 2 to 4:

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- Transition to CAM boot
- Weight bearing as tolerated transitioning off crutches
- Initiate range of motion at foot and ankle
 - No restrictions
 - Initiate closed chain strengthening in CAM boot

Goals

- Reduced inflammation and pain
- Protect surgical repair
- Maintain strength and range of motion of non-operative joints
- Range of motion at foot and ankle

Exercise progression

- Open chain hip strengthening
- Closed chain kinetic chain exercises in double limb
- o Gait training
- o Elevation and ice to assist with swelling reduction

Phase II- Progressive Stretching and Early Strengthening

Weeks 4 to 6:

- Full weight bearing in CAM boot
- Progress strengthening in CAM boot

<u>Goals</u>

- $\circ \quad \ \ \text{Reduce inflammation and pain}$
- Protect surgical repair
- Progress range of motion at ankle and foot
- Progress strength in limb

Exercise progression

- o Gait training
- Closed chain exercises in double limb progressing to single limb in CAM boot
- Elevation and ice to assist with swelling reduction



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Phase III- Advanced Strengthening

Weeks 6 to 8:

- . Transition to running shoe with insert (with appropriate cutout depending on sesamoid)
- Full weight bearing
- Progress to full range of motion as tolerated
 - <u>Goals</u>
 - Reduce inflammation and pain 0
 - Protect surgical repair 0
 - Normal gait pattern 0
 - Initiate strength and proprioceptive/balance drills 0
 - Exercise progression
 - Normalize gait pattern 0
 - Introduce bike and elliptical trainer 0
 - Proprioceptive and balance drills 0
 - Unilateral closed kinetic chain strengthening program 0
 - Modalities for pain relief and swelling reduction 0

Phase IV- Running Progression and Return to Sport

Weeks 8 to 10:

- Shoe with insert
- Administer Preliminary functional test at 8 weeks for physical therapist to review
- Initiate straight line jogging at 8 weeks if proper biomechanics are demonstrated and symmetry on functional test
- Advance strengthening program
- Initiate plyometrics progressing from double limb to single limb
- Administer Return To Sport functional test at 10 weeks prior to MD appointment for physician to review Goals
 - 0 No swelling
 - Full range of motion 0
 - Symmetrical strength and power 0
 - Exercise progression
 - 0 **Basic ladder series**
 - Linear jogging progression 0
 - Basic plyometric box progression 0
 - Gym strengthening progression 0

Criteria to be released for return to sport

- Follow-up examination with the physician 0
- Pass Return To Sport functional test at >90% (involved vs. uninvolved limb) 0
- 0 Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting and decelerating

Anticipated return to sport:

12 weeks for contact and non-contact athletes 0

Revised ***

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Post-Operative Protocol