

Rehabilitation Protocol

Adult Flat Foot Reconstruction

What to expect after flat foot (tibialis posterior reconstruction) surgery

Flat foot reconstruction surgery can help improve the alignment of the foot, relieving pain and helping weight to be more evenly distributed when standing or walking. This leaflet tells you what to expect as you recover from having flat foot reconstruction surgery. However, everyone is different, and your recovery may be different from other people's.

Please contact Mr Heidari if you are worried about any aspect of your recovery.

Immediately after your operation

When you wake up your foot will be in a plaster cast for up to six weeks. It may still be numb from the local anaesthetic (block) given during your operation. However, if you do feel some pain or discomfort, this can be relieved by painkillers. You'll be shown how to walk using crutches and most people can leave hospital the same day as their surgery. However, this will depend on your general health, and how quickly you recover from the procedure.

The day after surgery

- The block will start to wear off so you may have more pain. You may be advised to start taking painkillers shortly after your operation to reduce this
- Keep weight off your foot and try to rest it as much as possible, keeping it elevated (raised above the level of your heart)
- **Avoid smoking and taking anti-inflammatory medications as this may delay or even prevent the bones from fusing together**

Day 2-7

- Try to rest as much as possible, with your leg elevated
- By the end of the first week, you should have significantly less pain

Day 7-14

- You should be starting to feel better, but try to keep your foot elevated as much as possible as this will reduce your pain and swelling
- You should be able to walk short distances at home using your crutches, and get in or out of a car



OS Clinic

Day 12-16

- You'll have a **follow-up appointment**
- Any stitches will be removed
- Your foot will be X-rayed and you'll be fitted with a new plaster cast or boot

Weeks 5-6

- At this stage you'll have another **follow-up appointment** during which the foot will be X-rayed and the plaster or boot removed
- You'll be given a specially designed surgical boot and some exercises to increase mobility
- You should keep weight off your foot when you walk, using your crutches
- Try to keep your foot up as much as possible when you are sitting down
- If surgery was on your left foot, you should be OK to start driving an automatic car if advised by Mr Heidari, but also check with your car insurance company
- You'll begin some physiotherapy to increase your overall fitness, strength, balance and flexibility

Week 12 onwards

- At this stage you'll have another **follow-up appointment** and review
- You should be able to put more weight on the foot and increase your level of activity

6-12 months after surgery

- You'll have a **final review** with Mr Heidari sometime between 3-6 months after surgery
- There should be very little swelling, although there may be some swelling for up to a year
- You should be able to return to gentle low impact sports and gradually increase your activity
- You may be advised to wear insoles to help support your feet, especially when taking part in sport
- You should be able to do single heel raises



Exercises

Carrying out these regular exercises after your flat foot reconstruction surgery is essential to prevent stiffness, restore your range of movement and help you return to your everyday activities as quickly as possible. It's not possible to cause damage to your foot by doing these exercises, although stretching may feel a little uncomfortable to begin with. However, the more regularly you carry out your exercises, the better the results will be. Your physiotherapy is designed to help you walk correctly and help to reduce swelling and muscle tightness.

In the first 6 weeks

- Focus on keeping your general fitness using exercises that improve your core stability
- You may find it helpful to use a knee scooter to get around

6-12 weeks after the operation

Scar massage

Gently massage the area around the scar as much as possible. The scar may be sensitive and more painful in some areas but it's important to continue to desensitise the scar and prevent adhesions (tissues sticking together). Try to do this for a few minutes at least twice a day.

Exercises

Your physiotherapist will work with you on exercises including:

- Passive range of movement (PROM)
- Active assisted range of movement (AAROM)
- Active range of movement (AROM)
- Encourage isolation of transfer activation without overuse of other muscles. Biofeedback is likely to be useful.
- Strengthening exercises of other muscle groups as appropriate
- Core stability work
- Balance/proprioception work once appropriate
- Stretches of tight structures as appropriate (e.g. Achilles tendon), not of transfer
- Review lower limb biomechanics. Address issues as appropriate.



12 weeks - 6 months

Scar massage

Continue to gently massage the area around the scar as much as possible. The scar may be sensitive and more painful in some areas but it's important to continue to desensitise the scar and prevent adhesions (tissues sticking together). Try to do this for a few minutes at least twice a day.

Exercises

Your physiotherapist will work with you around:

- Range of movement
- Progress isolation of transfer activation without overuse of other muscles. Biofeedback is likely to be useful.
- Strengthening exercises as appropriate
- Core stability work
- Balance / proprioception work
- Stretches of tight structures as appropriate (e.g. Achilles tendon), not of transfer.