

Lisfranc ORIF/Fusion Post-Op Protocol

Overview

- This protocol provides general guidelines for rehabilitation following open reduction and internal fixation (ORIF) of a Lisfranc injury.
- Progression should be individualized according to healing, tissue tolerance, and physician evaluation.

Note: Full recovery may take up to one year.

Intermittent swelling or discomfort is common throughout this period.

Phase I: Surgery – 6 Weeks

Objectives:

- Protect surgical fixation and promote soft-tissue and bony healing
- Control pain and swelling

Immobilization:

- Immediate post-op: posterior splint or short-leg cast
- After first post-op visit (~2 weeks): transition to removable CAM boot

Weight Bearing:

- Heel touch/partial weight bearing for balance only; Otherwise **NON-weight bearing**
- Use crutches, knee scooter, or iWalk for ambulation

Phase II: Weeks 6 – 10

Objectives:

- Continue protection of fixation while initiating controlled loading
- Maintain and improve ankle and midfoot mobility

Immobilization:

- Remain in **CAM boot** for all weight-bearing activities (except in PT)

Weight Bearing:

- **Weight bearing as tolerated (WBAT)** in CAM boot
- Progress gradually based on comfort and swelling response

Therapy:

- Begin formal PT after 6-week post-op visit (2-3 sessions/week)
- Focus on:
 - Pain and swelling control
 - Restoration of normal gait mechanics within boot or supportive sneaker
 - Active and passive ankle ROM in all planes

- Isometric and early isotonic strengthening (dorsiflexion, plantarflexion)
- Foot intrinsic strengthening
- Seated proprioceptive and balance activities
- Non-impact cardiovascular conditioning (bike, pool)
- Home program for ROM and edema control

Phase III: Weeks 10 – 16

Objectives:

- Transition out of boot and normalize gait mechanics
- Restore functional strength, balance, and proprioception

Immobilization:

- **Wean from CAM boot** to supportive athletic or stiff-soled shoe as tolerated

Weight Bearing:

- **Full weight bearing** in supportive footwear once gait is pain-free and normalized

Therapy:

- 2-3 sessions/week initially, tapering as progress allows
- Continue home program to maintain daily mobility

Rehabilitation Focus:

- **Strength:**
 - Progress to resistive band and isotonic exercises for all ankle planes
 - Advance resistance as tolerated
 - Swimming and cycling encouraged
- **Proprioception:**
 - Transition from seated to standing and dynamic balance drills
 - Begin BAPS board, wobble board, single-leg stance work

Phase IV: Weeks 16 – 24

Objectives:

- Achieve full ROM, normalized gait, and stable single-leg balance
- Build endurance and functional strength for daily and athletic activities

Weight Bearing:

- Full, pain-free ambulation in regular footwear

Therapy:

- Weekly or bi-weekly sessions as needed; transition to independent exercise program

Rehabilitation Focus:

- **Strength:** Body-weight and resistance exercises; goal = single-leg heel raise
- **Proprioception:** Visual and surface-challenge balance drills
- **Agility:** Cone and ladder drills, leg-press plyometrics, soft-landing technique
- **Sport Progression:**
 - Must demonstrate normalized gait and strength (repetitive single-leg heel raises)
 - Begin pool running → progress to linear, then lateral and rotational dry-land drills
 - Advance to sport-specific on-field or court movements