THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Sesamoidectomy

Phase I - Maximum Protection

Weeks 0 to 2:

- Post-operative posterior splint
- Non-weight bearing at all times with use of crutches
 - No scooter

<u>Goals</u>

- Reduce inflammation and pain
- Protect surgical repair
- \circ $\,$ Maintain strength and range of motion of non-operative joints $\,$

Exercise progression

- Open chain hip strengthening
- o Gait training
- Elevation and ice to assist with swelling reduction

Weeks 2 to 4:

- 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
- Gait training
- 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 Goals
 - Reduce inflammation and pain
 - Protect surgical repair
 - Progress range of motion at ankle and foot
 - Progress strength in limb

Exercise progression

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

Phase III- Advanced Strengthening

Weeks 6 to 8:

Transition to running shoe with insert (with appropriate cutout depending on sesamoid)

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- Full weight bearing
- Progress to full range of motion as tolerated Goals
 - Reduce inflammation and pain
 - Protect surgical repair
 - Normal gait pattern
 - o Initiate strength and proprioceptive/balance drills

Exercise progression

- Normalize gait pattern
- Introduce bike and elliptical trainer
- Proprioceptive and balance drills
- o Unilateral closed kinetic chain strengthening program
- o Modalities for pain relief and swelling reduction

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

<u>Goals</u>

- No swelling
- Full range of motion
- Symmetrical strength and power

Exercise progression

- Basic ladder series
- Linear jogging progression
- Basic plyometric box progression
- Gym strengthening progression

Criteria to be released for return to sport

- Follow-up examination with the physician
- Pass Return To Sport functional test at >90% (involved vs. uninvolved limb)
- 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