Connecticut Orthopaedics

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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
  - Open chain hip strengthening
  - 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
  - Closed chain exercises in double limb progressing to single limb in CAM boot
  - 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)
- Full weight bearing
- Progress to full range of motion as tolerated

  Goals
  - Reduce inflammation and pain
  - Protect surgical repair
  - Normal gait pattern
  - Initiate strength and proprioceptive/balance drills

  Exercise progression
  - Normalize gait pattern
  - Introduce bike and elliptical trainer
  - Proprioceptive and balance drills
  - Unilateral closed kinetic chain strengthening program
  - 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

  Goals
  - 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