JONES FRACTURE ORIF PROTOCOL

POST OPERATIVE

	Time Frame (Weeks)	Activity
PHASE I	0-2	WB Status: NWB Device: Neutral splint ROM: No ROM, Hip and Knee ROM only
	2-4	WB Status: WBAT with crutches Device: Transition to walking boot ROM: A/AROM DF/PF, mid range inv/ev Manual Therapy: Gentle soft tissue mobilization (STM) to reduce edema Strength: Submax DF, PF, inv isometrics in neutral position; NO resisted eversion Exercises: OKC proximal mm, core, and UE PREs Light stationary bike in boot @ 2 weeks
PHASE II	4-6	WB Status: FWBAT Device: Walking boot ROM: A/AROM DF/PF, mid range inv/ev Manual Therapy: Gentle STM to surrounding mm, and to reduce edema TCJ and first ray mobilization Strength: Submax DF, PF, inv isometrics in neutral position; NO resisted eversion Seated heel raises, foot intrinsic activation Exercises: Continue OKC proximal mm, core, and UE PREs CKC submax strength in boot
	6-8	WB Status: FWB Device: Wean out of boot into tennis shoe ROM: Normalize A/PROM; Begin standing calf stretching Manual Therapy: Early scar mobilization Continue joint mobilization, include midfoot and forefoot as appropriate Strength: Submax ankle strength all planes through pain free ROM using resistive bands Exercises: CKC LE strength progression, begin heel raise progression Proprioception/gait training - normalize gait mechanics Non impact cardio: Bike with increased resistance, elliptical, row ergometer, swimming/pool work
PHASE III	8-12	WB Status: FWB in tennis shoe Manual Therapy: Continue STM, and scar mobilization as needed Strength: Theraband all planes through painfree ROM Exercises: Proprioception: Single leg with unstable surfaces Initiate submax plyometrics once radiographic healing of fracture, MD/PT clearance Progress OKC/CKC strength Initiate walking program— treadmill, progressing to outdoor
	12-16	Strength: Functional ankle strengthening Exercises: Advance OKC/CKC strength Proprioception: Progress into multiplanar instability Multiplanar agility, acceleration/deceleration training (50-75% speed), progress bilateral/unilateral jumps Begin running progression
PHASE IV	16+	Strength: Advanced strength and proprioception Exercises: Linear running, jumping, and plyometric progressions Sports specific movement patterns— cutting, pivoting, change of direction, acceleration/deceleration RTS: RTS testing Functional Movement Screening High impact and advanced sport progressions 4 mo + when functionally appropriate and cleared by MD/PT Anticipate full RTS 4-6 months