

Austin Cole, MD

Sesamoidectomy

Post-Operative Protocol

Weeks 0 to 2:

Post-operative posterior splint

Non-weight bearing at all times with use of crutches, no scooter Goals

- o Reduce inflammation and pain
- o Protect surgical repair
- o Maintain strength and range of motion of non-operative joints

Exercise progression

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

Weeks 2 to 4:

Transition to CAM boot, initiate closed chain strengthening Weight bearing as tolerated transitioning off crutches Goals

- o Reduced inflammation and pain
- o Protect surgical repair
- o Maintain strength and range of motion of non-operative joints

Exercise progression

- o Range of motion at foot and ankle
 - No restrictions
- o Open chain hip strengthening
- o Closed chain kinetic chain exercises in double limb, in CAM boot
- o Gait training
- o Elevation and ice to assist with swelling reduction

Weeks 4 to 6:

Full weight bearing in CAM boot, progress strengthening in CAM boot Goals

- o Reduce inflammation and pain
- o Protect surgical repair
- o Progress range of motion at ankle and foot
- o Progress strength in limb Exercise progression
- o Gait training
- o Closed chain exercises in double limb progressing to single limb in CAM boot

Weeks 6 to 8:

Transition to running shoe with insert (with appropriate cutout depending on sesamoid)
Progress to full range of motion as tolerated
Goals

- o Reduce inflammation and pain
- o Protect surgical repair
- o Normal gait pattern

Exercise progression

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

Weeks 8 to 10:

Shoe with insert

Administer Preliminary functional test at 8 weeks for physical therapist to review Initiate straight line jogging progression at 8 weeks if proper biomechanics are demonstrated and symmetry on functional test

Weeks 10-12:

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

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

Exercise progression

- o Basic ladder series
- o Basic plyometric box progression
- o Gym strengthening progression

Criteria to be released for return to sport o Follow-up examination with the physician o Pass

Return To Sport functional test at >90% (involved vs. uninvolved limb)

o 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