TALAR MICROFRACTURE PROTOCOL

0-3 Weeks Post-op

- PT removes bandages on POD #4, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4’s, and notify Dr Babb (may need antibiotics).
- **NO ice bags** on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- **Brace**: CAM walker
- **Ambulation**:
  - NWB for 6 weeks
- **ROM**:
  - AAROM/PROM
  - Gentle AROM
  - Joint Mobilizations
- **Strengthening**:
  - Isometrics

3-6 Weeks Post-op

- **Brace**: CAM walker
- **ROM**:
  - Progress gradually as tolerated
  - Talocrural and subtalar joint mobilizations per patient need
- **Strengthening**:
  - Initiate Isotonics

6 Weeks

- **Brace**: Transition from CAM to corset brace if cleared by MD and strength is 80% when compared to non-injured side.
- **Ambulation**:
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- Increase WB by 25% every 2-3 days at 6 weeks post-op until FWB (Do not progress if painful).

- **ROM:**
  - Progress gradually as tolerated
  - Talocrural and subtalar joint mobilizations per patient need

- **Strengthening:**
  - Progress LE strengthening in both OKC & CKC
  - Progress Balance activities: perturbations, vary surfaces

- **Balance activities:** vary surfaces, add perturbations if appropriate

- **Normalize gait**

- **Aerobic:**
  - Stationary Bike

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 440-1100.