

ORTHOARIZONA

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Calcaneus Fracture Protocol

Calcaneal fractures are a complex group of injuries with highly variable outcomes. They occur as a result of axial loading or distraction forces. The vast majority usually occurs as a result of a fall or motor vehicle accident. Approximately 75% of axial loading injuries involve displacement of the subtalar joint. Type I fractures are non-displaced, type II are displaced 2-part fractures, type III are displaced 3-part fractures and type IV are displaced, comminuted 4-part fractures. Non-surgical treatment is used only if 2 mm of displacement occurs following the fracture. Types II and III calcaneal fractures are treated with ORIF to create anatomic reduction and restore the overall shape and height of the calcaneus, as well as restoring congruency to the posterior articular facet. Following ORIF, no weightbearing can occur until the bone is filled in at approximately 8 – 12 weeks.

General Rehabilitation Guidelines

Immobilized and non-weightbearing for 8-12 weeks. Weightbearing status determined by the physician (fixation and bone quality).

Once wounds are healed: AROM/AAROM

Edema control

Soft tissue mobilization to peroneals

Once weightbearing allowed and fracture healed:

Continue per above

PROM

Joint mobilizations to subtalar joint

Heel cord stretching

Gait training

Open chain strengthening

Orthotics

Progress to closed chain strengthening and proprioception training per ankle fracture protocol.