

Surgery for Pes Planus
Hindfoot/Forefoot (Mr Limaye)

Tendon repair + Osteotomy

Week	Mobility	Weight bearing	Rehabilitation	Goals
0-2	Plaster Back slab	NWB	Prophylactic/circulatory exercises (SQ, Static Gluts, ROM Knee/Hip). Advice re: elevation.	Prevent post op complications Independent on crutches Education
2-4	Air cast boot day only	PWB	Pain and oedema control. Prophylactic/circulatory exercises. Maintenance exercises	Pain and swelling control. Prevent scar adhesion. Good range of active plantar/dorsiflexion.
4-6		FWB	Active range of movement. Plantar/dorsiflexion and inversion/eversion. Isometric resisted exercises progressing to early isometrics resisted theraband. Early proprioception (heel raise and ball rolling in sitting) Foot intrinsics.	Achieve full range of movement in all directions.
6	Stiff soled shoes or orthotics if needed	FWB	Gait re-education. Resisted exercise plantar/dorsiflexion.	Achieve full range of movement in all directions.

Commence closed chain exercises.
Proprioception/weight
transference/SLS.
Mobilise intermetatarsal and midtarsal
joints.
Power walking on Treadmill
Increase CV work – Cross trainer/Bike

Normal Gait pattern.
Equal proprioception both sides
Full strength
Gradual return to full function

Tendon transfer + Osteotomy

Week	Mobility	Weight bearing	Rehabilitation	Goals
0-2	Plaster Back slab	NWB	Prophylactic/circulatory exercises (SQ, Static Gluts, ROM Knee/Hip). Advice re: elevation.	Prevent post op complications Independent on crutches Education
2-6	Full cast	NWB (To allow transfer to heal)	Prophylactic/circulatory exercises (SQ, Static Gluts, ROM Knee/Hip). Advice re: elevation. Pain and oedema control. Maintenance exercises	Prevent post op complications Independent on crutches Education
6-12	Aircast boot daytime only	FWB	Pain and oedema control. Prophylactic/circulatory exercises. Maintenance exercises Active range of movement, plantar/dorsiflexion and inversion/eversion. Isometric resisted exercises progressing to early concentric resisted theraband. Early proprioception (heel raise and ball rolling in sitting) Foot intrinsics.	Achieve full range of movement in all directions.

12 weeks	Stiff soled shoes or orthotics if needed	FWB	Gait re-education. Resisted exercise plantar/dorsiflexion. Commence closed chain exercises. Proprioception/weight transference/SLS Mobilise intermetatarsal and midtarsal joints. Power walking on Treadmill Increase CV work – Cross trainer/Bike	Achieve full range of movement in all directions. Normal Gait pattern. Equal proprioception both sides Full strength Gradual return to full function
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- ***If forefoot correction as well then follow Tendon Transfer + Osteotomy protocol. If needs toe alignment splint at 6 weeks can be issued***
- Physiotherapist can refer for orthotics if they feel they are indicated at 6/52 for Tendon Repair or 12/52 for Tendon transfer.
- No Impact or Plyometrics till 6/12.
- Can start driving at 6/52 for Tendon repair or 12/52 for Tendon transfer. Not covered by Insurance/DVLA whilst in Aircast.
- With all foot and ankle surgery swelling may persist for up to 1 year.