

## **Physical therapy**

Begin physical therapy within 7 days. Your therapist should have a protocol to follow. If you are concerned they do not, please reach out to my office.

## **Activity**

**MINIMAL PARTIAL FLAT FOOT WEIGHT BEARING** until follow-up with Dr. Remy. This means you can rest your flat foot on the ground with about 10 lb of force (think of the weight of your leg, not your body)

Avoid excessive external rotation (such as crossing your leg) and hip flexion beyond 90 degrees for two weeks. No active abduction (leg moving away from midline) for 6 weeks to rest those muscles.

*Ice:* Apply an ice bag to the area in a waterproof bag for 20 minutes on, 20 minutes off. Do not place ice directly on the skin. Direct contact for a prolonged period may cause a burn to the skin. If you have a cryotherapy unit use as often as possible for the first 72 hours then as needed.

*Activities:* Do not engage in prolonged periods of activity over the first 2 weeks following surgery as this will make your swelling worse. Avoid long distance traveling for 2 weeks due to risk of blood clots.

*Driving:* **NO driving** until you are no longer taking narcotic pain medicine and adequate range of motion has been gained. You can speak with Dr. Remy and your physical therapist about when you can safely resume driving.

## **Dressing changes and incision care**

You may change your dressing on **post-op day 3**. Change your dressings daily afterwards. Keep your incisions covered until you return for your post – op visit.

**Keep your incisions dry for 1 week after surgery. You may shower after post-op day 3 with either waterproof band-aids over the incisions, a bag, or Saran wrap to keep the incisions dry. After 1 week, you may shower normally. Avoid being under water (baths, pools, etc) for the first 4 weeks.**

Do NOT use *any* ointments/creams/lotions on your incisions for the first 4 weeks following surgery. If the incisions have healed with no scabs at that time, you can begin to apply some vitamin E cream if you are concerned about scar formation. You should keep your incisions protected from direct sunlight for the first year with clothing or band-aids to prevent the scars from becoming dark and thickened.

## **Medication**

*Pain medications:* Generally, a short-acting narcotic pain medication is prescribed following surgery. Narcotic medicines may make you drowsy and/or dizzy, therefore driving a car or operating machinery is NOT ALLOWED UNDER ANY CIRCUMSTANCE. **Narcotic medicines are addictive and should be taken in the lowest dose and shortest duration needed to control your pain.** Tennessee law now severely limits the amount of pain medications that can be prescribed at surgery. Refills are rarely needed but according to new TN law, you now must be seen in person before a refill can be prescribed. You also must be seen in person in order for the type of prescription medicine to be changed.

**Aspirin:** It is recommended that you take a low dose aspirin daily (81mg) twice daily for 2 weeks if weight bearing and for 4 weeks if non-weight bearing to minimize the risk blood clots. If you have ever had a blood clot (DVT or PE) or have a family history that puts you at high risk, please notify Dr. Remy as she may choose to prescribe a stronger blood thinner.

**Follow-up care**

Your follow-up information is as follows:

**First Physical Therapy Appointment:**

**Post op Appointment:**

**When to call your surgeon**

Call the office for any concern, especially those below. If after hours, the office number will connect you to an on call provider. For emergent symptoms, please call 911 or go directly to the nearest ER.

- Fever > 101.5°F
- Increasing leg or calf pain
- Increasing swelling in calf or foot
- Hives, itching, rashes
- Shortness of breath or chest pain
- Vomiting that lasts more than 8 to 12 hours following surgery
- Drainage from incision sites that continues for more than 5 days follow surgery.

**SPECIAL INSTRUCTIONS**

☐ Please follow these instructions: