

This protocol will give you general guidelines for your recovery following surgery to repair a Jones fracture. This includes your initial recovery and progression through a rehabilitation program. Specific activity modifications and timeline adjustments may be made according to specific patient and/or fracture characteristics as well as X-ray findings.

For Patients: Recovery at a glance

- Elevate your operative foot above your heart as much as you can for the first 3 days, a minimum of 6-8 hours per day. This will help to control pain, reduce swelling and throbbing
- You will be in a fracture boot. Ok to remove for showers and while elevating
- You will be using crutches and be non-weight bearing for 2 weeks.
- Ok to shower, but wrap dressing for first 3 days (saran wrap, bag, cast cover). Remove the dressing in 3 days, ok to shower without wrap at this point but make sure not to soak or scrub incision. Ok to let soap and water drain over incision
- First follow up in 2 weeks, sutures removed and x-rays

For Physical Therapists

Weeks 0-2

1. Goals

- Rest and recovery from surgery
- Control swelling and pain through elevation of operated extremity
- Gradual increase of ADL

2. Guidelines

- Will be non-weight bearing 2 weeks post-op
- Toes may lightly rest on ground for sitting/standing
- Begin ankle motion as tolerated
- Hip/Knee active range of motion: while lying and standing
- Ankle active range of motion: seated only
- Sutures remove at 2 weeks and 3 View x-ray operative foot

Weeks 2-4**1. Goals**

- Maintain hip and knee ankle ROM
- Improve core, hip and knee strength
- Gradual increase of weight bearing as tolerated in boot and wean off crutches

2. Guidelines

- Continuation of previous exercises with progression to WBAT in walking boot
- Begin stationary bike with light resistance
- Manage edema with elevation, manual therapy and light massage
- Begin upper body and core strengthening in addition to lower body isometrics
- Can do hydroworx if incision healed or incision wrapped
- AROM ankle and gentle resistance band with dorsiflexion limited to first point of resistance

Weeks 4-6**1. Goals**

- Transition to regular (supportive) shoe, no sandals
- Full weight bearing and normal gait

2. Guidelines

- Introduce incline walking program
- Progression of active range of motion to tolerance. Progress hydroworx and exercise bike
- Manual mobilization of foot/subtalar joint and progress ankle, hindfoot, calf strengthening
- Introduce non-impact, non-contact sport drills (e.g. set shooting)

Weeks 6-8**1. Goals**

- Goal is to return to full competition by week 8. May be 12+ weeks for slower healing fractures

2. Guidelines

- Obtain 3-view x-ray of affected foot
- Introduce jogging program (no uneven surfaces) if x-ray shows progressive healing
- Introduce sport specific drills, ok for jumping and impact



Kyle J. Hazelwood, M.D.

- Proprioception exercises/wobble board

- Progressive lower body strengthening to tolerance. Theraband: inversion/eversion/DF
- Progress to return to play at week 8 if no pain and x-rays demonstrate healing