



Fasciotomy Rehabilitation Protocol

Phase 1 (0-4 weeks post-op)

Rehabilitation Goals

- Normal gait and stair ambulation
- Full ankle ROM

PRECAUTIONS

- Progress as tolerated unless stated by ortho/PT

Crutches

Weight-bearing as tolerated - (suggest a gradual increase as follows)

- Days 1-3: partial weight-bearing @ 25-75% body weight
- Days 4-7: weight-bearing as tolerated @ 75-100% body weight

D/C crutches when the patient has a normal gait pattern

Wound

- Post-op dressing remains intact until post-op day #3 (~72 hours after surgery)
- May begin showering after post-op day #3
- (no need to cover incision site; however, if casted the cast would need to be covered)
- **Do NOT** submerge leg in tub or pool for 3-4 weeks
- Bilateral compression stockings for 3-5 days: unilateral use thereafter as needed
- Suture/staple removal @ 10-14 days per Ortho/PT

Rehabilitation

- Frequent use of ice with lower extremity elevated
- Begin scar massage after scope site sloughs/scar is formed



Dr. Mark Slabaugh

Orthopedics and Joint Replacement | Mercy Medical Center

410-539-2227 410-539-2240

301 St. Paul Pl. Baltimore MD 21202



Fasciotomy Rehabilitation Protocol

Phase 1 (0-4 weeks post-op)

Days 1-7

- Calf pumps (50-100 repetitions, 5-6 x per day – add tubing resistance when pain free)
- Seated achilles towel stretch
- Hamstring stretching

Days 8-14

- Pain free ankle isometrics
- Ankle ROM exercises (alphabet, circles, etc.)
- Seated wobble board – progress to standing as tolerated
- Standing gastroc and soleus stretch

Days 15-28

- Heel raise progression
- Stationary bike against light resistance (5-10 minutes) – progress gradually
- Ankle strengthening with tubing
- Forward, lateral, and retro step-ups (start with 4", progress as tolerated)

Follow-Up

- Physical Therapy: Weekly
- Ortho: ~4-6 weeks post-op
- Supervised rehabilitation: 2-3 x per week as needed

Documentation

- Precautions, pain level - medications and modalities
- Observation: (incision sites) - Signs/symptoms of infection? Site healing well?
- Neurovascular status: Distal pulses, motor and sensation intact? Presence of calf pain?
- Ankle ROM, strength, & gait



Dr. Mark Slabaugh

Orthopedics and Joint Replacement | Mercy Medical Center

410-539-2227 410-539-2240

301 St. Paul Pl. Baltimore MD 21202



Fasciotomy Rehabilitation Protocol

Phase 2(5-8 weeks post-op)

Rehabilitation Goals

- Full ankle ROM & Strength
- Hop without pain using good form

PRECAUTIONS

- Progress as tolerated

Rehabilitation

- Continue phase I exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready. (i.e., no increase in leg pain or edema since the previous exercise session)
- *Note: all strengthening should be done starting with low weights, high repetitions, and in a painless ROM*

Weeks 5-6

- Aggressive stationary biking – progress to elliptical and/or stairmaster gradually
- Standing gastroc and soleus stretch
- Ankle strengthening with tubing
- Progressive standing balance exercises (body blade, plyo-ball, platform training, etc.) (progress in duration, intensity, firm to unstable surface, etc.)
- Progressive strengthening (calf press, leg press, squats (0-45°), HS curls, hip abd/add) (first set: 20 repetitions, then 1 additional set at the same weight to muscle failure)
- Beginning to intermediate level pool exercises

Weeks 7-8

- May begin progressive jogging program: (Begin jogging for 5- 10 minutes TIW - increase time and/or distance no more than 10-20% per week)
- Progressive pool program as tolerated
- Progressive strengthening (calf press, leg press, squats (0-45°), HS curls, hip abd/add) (first set: 10 repetitions, then 2 additional sets at the same weight to muscle failure)
- Consider transitioning from rearfoot to non-rearfoot strike running

Dr. Mark Slabaugh

Orthopedics and Joint Replacement | Mercy Medical Center

410-539-2227 410-539-2240

301 St. Paul Pl. Baltimore MD 21202





Fasciotomy Rehabilitation Protocol

Phase 2(5-8 weeks post-op)

Follow-Up

- PT: Bimonthly
- Ortho: ~4-6 weeks post-op
- Supervised rehabilitation: 2-3 x per week as needed

Documentation

- Pain level, medications, modalities
- Observation: (incision sites) - Signs/symptoms of infection? Site healing well?
- Neurovascular status: Distal pulses, motor and sensation intact?
- Ankle ROM, strength, & gait



Dr. Mark Slabaugh

Orthopedics and Joint Replacement | Mercy Medical Center

📞 410-539-2227 📠 410-539-2240

301 St. Paul Pl. Baltimore MD 21202

Fasciotomy Rehabilitation Protocol

Phase 3 (9-12 weeks post-op)

Rehabilitation Goals

- Jog at own pace and distance without pain
- Hop for distance > 90% of uninvolved side

PRECAUTIONS

- Progress as tolerated

Rehabilitation

- Continue other phase II exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in leg pain or edema since the previous exercise session)
- Warm-up: 5-10 minutes (bike, elliptical, stairmaster)
- General LE stretching: 5-10 minutes (calf, HS, quads, HF, hip adductors)
- Progressive strengthening (calf press, leg press, squats (0-60°), HS curls, hip abd/add) (first set: 8-10 repetitions, then 2 additional sets at the same weight to muscle failure)
- Progressive balance training as needed
- Progressive jogging program (increase time and/or distance no more than 10-20% per wk)
- Progressive functional training: Begin at 25-50% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, etc.)

Follow-Up

- PT: ~3 months post-op
- Ortho: ~3 months post-op
- Supervised rehab: 1-2 x per week as needed

Documentation

- Pain level & medications
- Ankle ROM & strength
- Hop for distance

Miscellaneous

- After 3 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated.
- The recommendation is to wait until 4 months post-op to return to full activity. This time
- period may be adjusted slightly by the surgeon and therapist according to patient progress.

