Timing of Supervised Physical Therapy after Hindfoot Fractures: A Randomized Controlled Trial

Authors: Stephanie Albin, DPT, OCS, FAAOMPT, Shane Koppenhaver, PT PhD, Drew Van Boerum, MD, James Morgan, MD, Tom McPoil, PT, PhD
Conflict of Interest

The authors of this presentation have nothing to disclose.
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Results (Continued)

• Self-reported outcomes (AOFAS and LEFS) and ROM were significantly better for the EARLY group than the LATE group.
• Fewer post-operative complications were observed in the EARLY group compared to the LATE group.

Conclusions

• Based on the findings of this study, there appears to be no detrimental effects to initiating an early supervised physical therapy program, and it may result in superior clinical outcomes than waiting until 6 weeks.
• While an early supervised rehabilitation program may not be advantageous for every patient, the assumption that an early rehabilitation can lead to complications such as disruption of wound or bone healing was not observed in this study.
• A limitation of this study was the high drop-out rate, and therefore, the results of this study must be interpreted with caution.

References
van Tetering EA, Buckley RE. Functional outcome (SF-36) of patients with displaced calcaneal fractures compared to SF-36 normative data. Foot Ankle Int. 2004;25(10):733-738.