Turf Toe Repair Protocol

OSMC Updated: February, 2019

Phase I (0-2 Weeks)

1. Period of immobilization (Spint)
2. Gait: NWB Status
3. Frequent cryotherapy and elevation, modalities as indicated
4. Exercise - OKC for proximal LE and core work

Phase II (2-6 Weeks)

1. Gait: - WBAT
   - CAM Boot
2. Exercise
   a. Gentle ROM: Active and Gentle Passive Plantar-flexion
      Joint protected Gastroc / Soleus stretching
   b. Scar massage / soft tissue mobilization
   c. Gentle joint protected OKC strength: Ankle Dorsi-flexion, Inversion, Eversion
      Knee, Hip, Core
   d. Non-impact/Non-WB cardio: Stat. bike, no resistance, pedal at mid-foot or heel
3. Frequent cryotherapy and elevation, modalities as indicated

Phase III (6-8 Weeks)

1. Gait: - WBAT
   - Cam Boot
2. Exercise
   a. Progressive ROM work: active dorsi-flexion and gentle, passive, LLLD dorsi-flexion
   b. Aquatic or limited WB (AlterG) treadmill
3. Modalities as indicated

Phase IV (8-12 Weeks)

1. Gait: Wean from CAM into walking shoe with carbon fiber/steel insert
2. Exercise
   a. Progressive AROM / PROM / Joint Mobilization as indicated
   b. Gentle to progressive OKC, CKC, balance/proprioceptive work
   c. Progressive non-impact cardio: Non WB (bike) → WB (elliptical) / TM

Phase V (12 weeks) – Requires physician clearance

1. Jog progression to interval run/sprints
2. Progressive agilities
3. Progressive jump to hop to plyometrics activities
4. Progress to sport specific activities

Phase VI (16 weeks) Physician cleared, activity as tolerated
Shoe wear modifications

Full Recovery Expectations = up to 9 months