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Total Ankle Arthroplasty

My article is on a patient that underwent a left total ankle arthroplasty two years ago and was dealing with musculoskeletal pain. The PT’s plan of care included: modalities, manual therapy, weight bearing exercises, strength training, stretching, and gait training for correct pattern and sequencing. During my six week clinical rotation I treated this patient two times a week. The patient had a history of poliomyelitis that left her with a smaller left foot than the right. This lower motor neuron disease had severely affected her left legs musculature. Intensive physical therapy which concentrated on therapeutic exercise with resistive machines was emphasized during the treatment. The muscles on her left ankle had paresis which made treatment very challenging while gait training with the patient. The patient started her treatment with a moist hot pack placed on her left ankle while sitting long standing for ten minutes; the patient then was given manual therapy to the dorsum and plantar aspect of the foot using petrissage and cross friction techniques to break down adhesions. This patient was then instructed to use an exercise bike for ten minutes followed by gait training with the emphasis on heel strike. The patient complained of six out of ten pain level while going from heel strike to toe of on her left leg while on stance phase; the treatment then followed by the leg press machine for four sets times twenty repetitions using fifty pounds of resistance. The patient was instructed to perform concentric calf raises against the wall for a total of four sets times twenty five repetitions after the leg press; Last but not least, the patient performed some stretches for her gastrocnemius and soleus muscles using a belt. The final step to the intervention consisted of having this patient use E-stim and ice for ten minutes while being educated on a home exercise program to increase the recovery time during her plan of care. In the six weeks that the patient was there weight and resistance was increased on a weekly basis leading the patient to meet her long term and short term goals. The patient pain level improved to a one out of ten while weight bearing on her left leg and was very happy to participate in physical therapy due to her rehabilitation.