

Podiatric Surgical Procedures: Considerations, Application & Management

Live Interactive Webinar

Presented By

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Course Rationale

- The purpose of this course is to provide an understanding of the current trends in surgical procedures to manage degenerative, traumatic and non-traumatic pathologies of foot and ankle. The emphasis is comparative analysis of contemporary surgical techniques to restore distal lower extremity function through repair tendons, ligaments, and bones.

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Disclaimer

- Application of concepts presented in this webinar is at the discretion of the individual participant in accordance with federal, state, and professional regulations.
- No conflict of interest exists for the presenter or provider of this course.

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Course Overview

- "Podiatric Surgical Procedures: Considerations, Application & Management" is a live (real-time) interactive webinar for rehabilitation professionals that examines surgical procedures to manage common orthopedic pathologies of the distal lower extremity. This course includes a review of current literature relating to surgical procedures for tendons, ligaments, and bones of the foot and ankle.

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Goals and Objectives

- List and identify common anatomical structures of the foot and ankle.
- Distinguish degenerative, traumatic, and non-traumatic foot and ankle pathologies.
- Identify emerging surgical techniques for foot and ankle orthopedic pathologies.
- Identify contemporary theories regarding weight bearing after ankle fracture stabilization surgery.
- Compare procedures to address chronic ankle instability.
- Distinguish peroneal tendon stabilization from repair.
- List surgical mechanisms to restore pes planus foot alignment.
- Describe techniques to manage cartilage damage in the ankle.
- List the indications for ankle arthrodesis.
- Identify post-surgical considerations for procedures of the foot and ankle.

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Topic	Time
Anatomy and Arthrokinematics	0:00-0:10
Anesthesia and Pain Management	0:11-0:20
Hardware and Grafting	0:21-0:25
Hallux Valgus Osteotomy	0:26-0:35
Plantar Fasciotomy and Gastrocnemius Recession	0:36-0:50
Interactive Discussion of Clinical Applications	0:51-1:00
Ankle Fracture Fixation Considerations	1:01-1:05
Syndesmosis Stabilization	1:06-1:15
Chronic Ankle Instability Procedures	1:16-1:30
Peroneal Tendon Stabilization and Repair	1:31-1:40
Pes Planus Procedures	1:41-1:50
Interactive Discussion of Clinical Applications	1:51-2:00
Achilles Tendon Repair and Reconstruction	2:01-2:20
Anterior Ankle Impingement Arthroscopy	2:21-2:25
Osteochondral Lesions of Talus Cartilage Techniques	2:26-2:35
Ankle Arthrodesis	2:36-2:40
Total Ankle Arthroplasty	2:41-2:45
Post-Surgical Considerations	2:46-2:50
Interactive Discussion of Clinical Applications	2:51-3:00

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How To Obtain CEUs For This Course

- Course review and summary for post test at the end of the webinar.
- After the live interactive webinar and prior to 11:59 pm TONIGHT go to www.cheapceus.com
- Complete the post test with score of at least 70%
 - May be retaken multiple times
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- Print certificate



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Course Post Test

- Slides with “Consider This” icon in bottom right corner will be helpful in completing the post-test.



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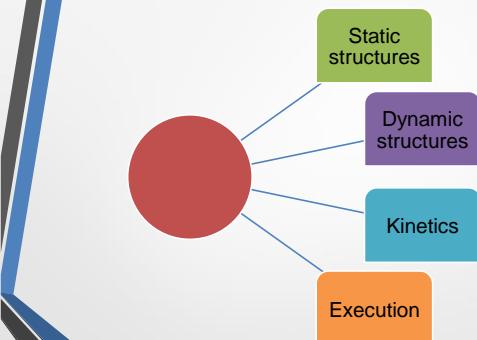
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Regions of the Foot

Hindfoot	Talocrural and Subtalar	Tibia, Fibula, Talus, Calcaneus
Midfoot	Transverse tarsal, talonavicular, calcaneocuboid, TMT	Navicular, Cuboid, 3 Cuneiforms, Metatarsals
Forefoot	Tarsometatarsal, MTP, PIP, DIP	Metatarsals, Phalanges, Sesamoids

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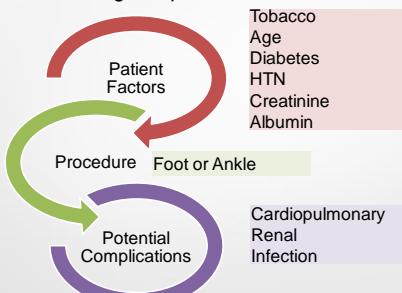
Arthrokinematics



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Pre-Operative Considerations

- ACS-NSQIP surgical risk calculator informs surgical decision making and patient informed consent.



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Kasana, H., et.al. (2022). Development of a Risk Stratification Scoring System to Predict General Surgical Complications for Patients Undergoing Foot and Ankle Surgery. *Orthopedics*, 45(3), 139-144.

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Anesthesia

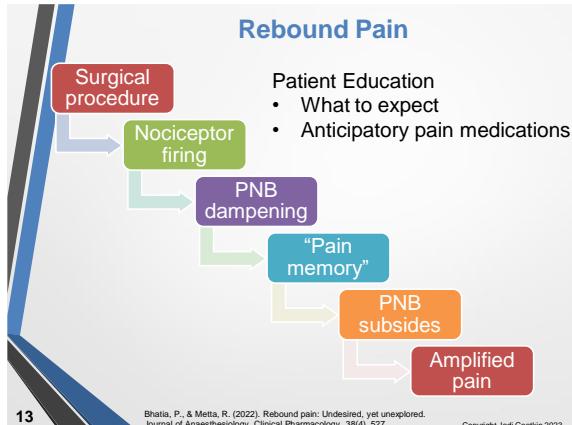
- No consensus on whether general or neuraxial anesthesia is superior for patients undergoing foot and ankle procedures.
- Peripheral nerve blocks may contribute to reduced pain levels and opioid use.
 - May mask compartment syndrome and VTE symptoms
 - Monitor for rebound pain



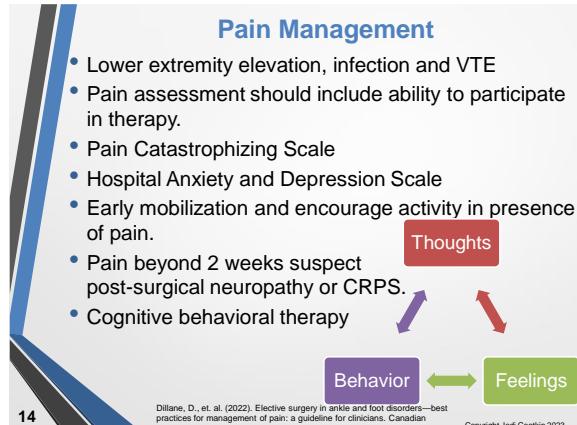
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Quan, T., et.al. (2022). Evaluating the Association of Anesthesia Type With Postoperative Complications in Patients Undergoing Ankle Fracture Repair. *The Journal of Foot and Ankle Surgery*.
Madsen, S., et.al. (2021). Retrospective chart review of perioperative pain management of patients having surgery for closed ankle fractures using peripheral nerve blocks at a level one trauma center. *Pain Reports*, 6(1).

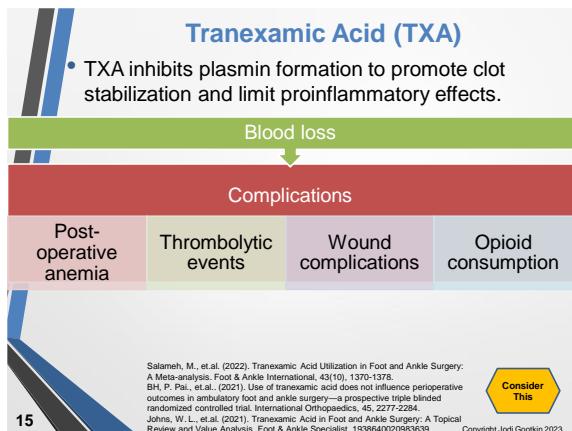
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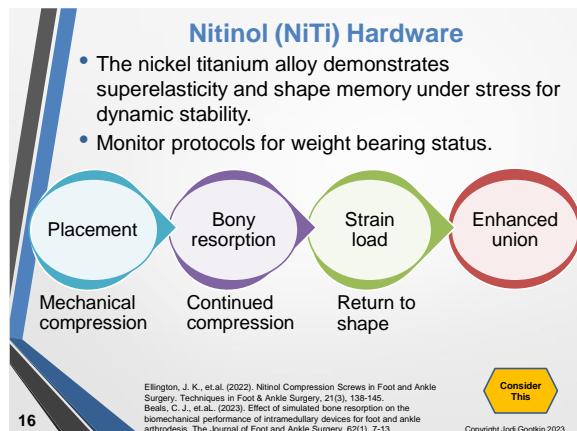
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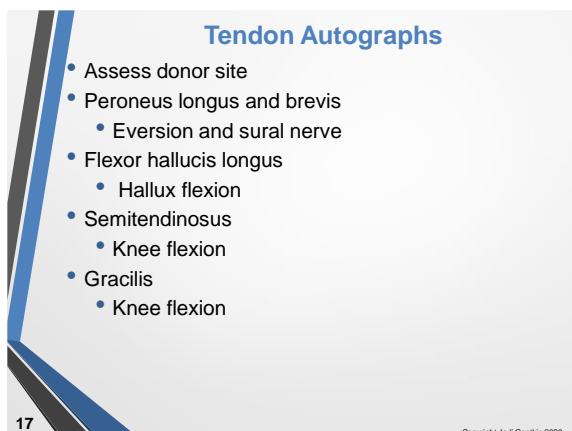
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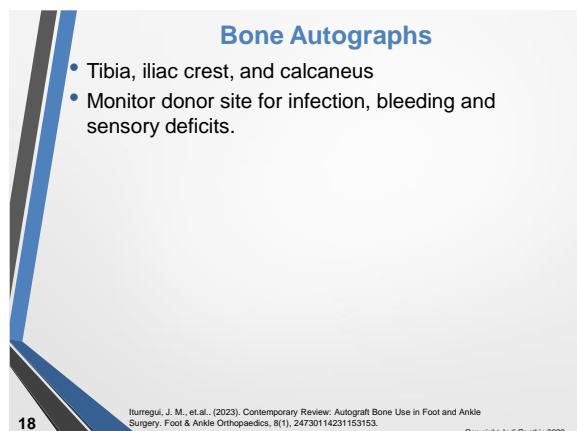
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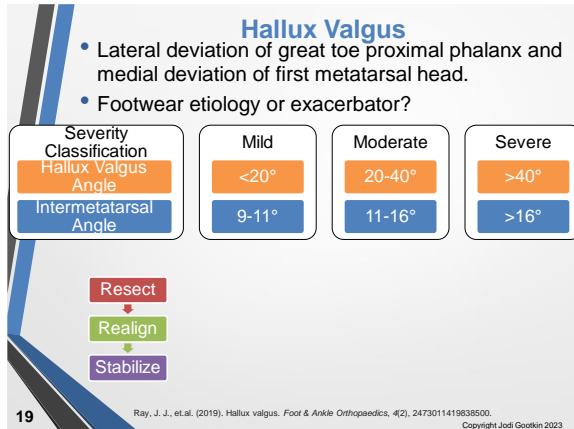
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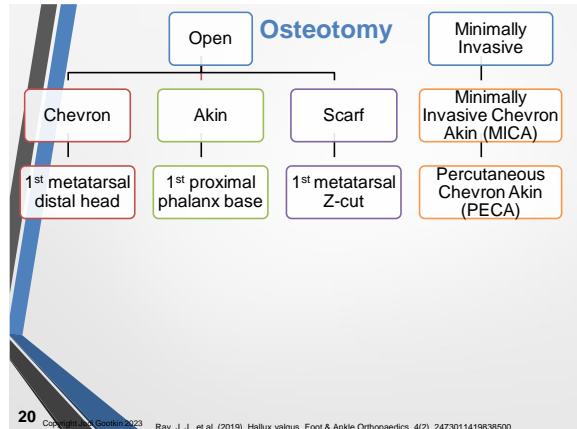
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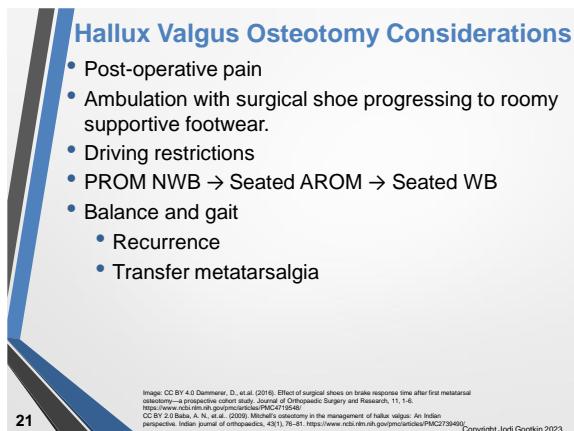
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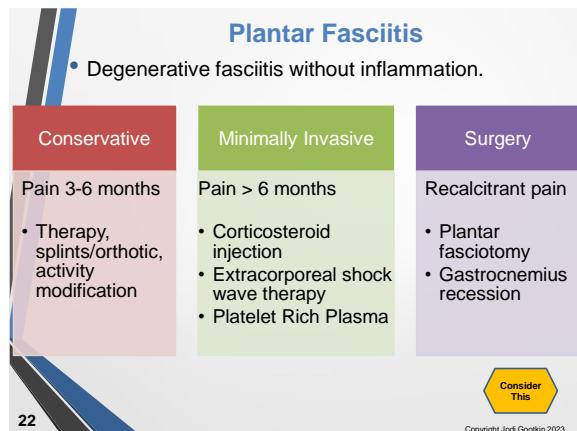
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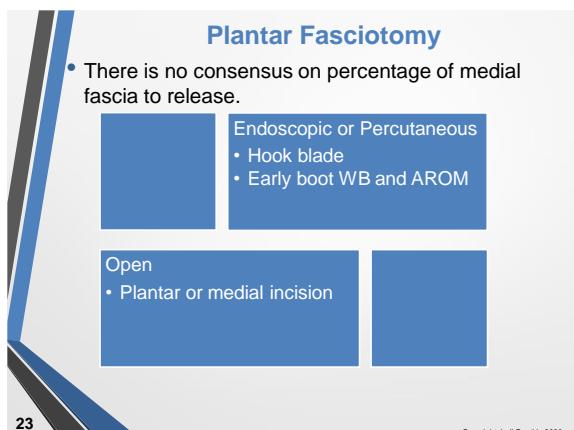
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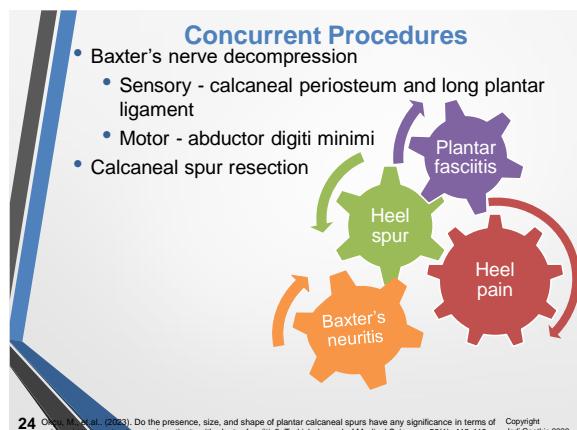
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Plantar Fasciotomy Considerations

- Lateral column pain
- Altered medial longitudinal arch height
- Fifth toe abduction strength
- Rehab progression per protocol
 - NWB → FWB in boot, AROM/isometrics ankle and toes
 - Supportive shoes, manual therapy, plantar fascia/gastrocnemius stretching, foot intrinsic strengthening, heel raise progression
 - FWB eccentric/resistance ankle exercise, balance, proprioception, joint mobilization
 - Return to impact activities

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Liew, S. K., et.al. (2022). Foot Arch Changes after Endoscopic Plantar Fascia Release for Recalcitrant Plantar Fascitis. *Malaysian Orthopaedic Journal*, 16(2), 78. Copyright Jodi Gootkin 2023

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Gastrocnemius Recessions

- Surgical lengthening to restore plantarflexion ROM and normalize forces placed on plantar fascia with weight bearing.
- Strayer Method
 - Musculotendinous junction
- Baumann Procedure
 - Gastrocnemius muscle

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Sanchez, T., et.al. (2023). Factors Associated With Poor Patient-Reported Outcomes in Isolated Gastrocnemius Recessions for Heel Pain. *Foot & Ankle Orthopaedics*, 8(2). Copyright Jodi Gootkin 2023

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Gastrocnemius Recessions Considerations

- CAM boot, night splint, stretching, strengthening, manual therapy, gait and balance.
- Manual work to surgical scar.
- Gait training
 - Heel first initial contact position
 - Neutral foot alignment during stance phase
 - Sufficient DF during swing phase of gait
- Also indicated to manage Achilles tendinopathy, equinovarus, metatarsalgia, adult acquired flatfoot.

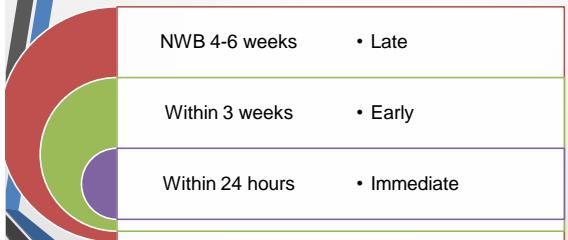
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Ankle Fracture Fixation Considerations

- No consensus on weight bearing restrictions and protection mechanisms postoperatively.



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Weight Bearing (WB) Restriction Outcomes

Cohort	Early Protected WB Outcome
Elderly	Quality of life under reported No increased complications
Adults	Same complication rate Improved short term function Comparable function medium term
Adults	Improved short term function and overall health Comparable medium term

29

van Halsema, M. S., et.al. (2022). An overview on the treatment and outcome factors of ankle fractures in elderly men and women aged 65 and over: a systematic review. *Annals of Orthopaedic and Trauma Surgery*, 14(11), 3311-3325.
Schubert, J., et.al. (2020). Effect on overall health status with weightbearing at 2 weeks vs 6 weeks after open reduction and internal fixation of ankle fractures. *Foot & Ankle International*, 41(6), 658-665.

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Syndesmosis Stabilization

- Ligamentous injury of the distal tibiofibular joint can occur concurrent with ankle fracture or in isolation.
- No consensus on optimal stabilization technique.



Rogero, R. G., et.al. (2021). Management of Ankle Fractures With Syndesmotic Disruption: A Survey of Orthopaedic Surgeons. *Cureus*, 13(7).

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Suture Button

- Designed to provide stability while maintaining physiologic motion.
- Allows earlier weight bearing and eliminates need for removal surgery.

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Syndesmosis Stabilization Considerations

- Rigid fixation procedures - NWB postoperatively
- Dynamic stabilization procedures - early weight bearing.
- No consensus on screw removal.
 - Concern for adjacent joint arthritis.
- Caution with activities applying vigorous translation and compressive forces to suture button fixation.

32

Klepicki, K., et.al. (2022). Radiographic Assessment of Talofibular Syndesmosis Injury with Different Durations and Types of Fixation. *Journal of Clinical Medicine*, 11(21), 6331.
Meekaeaw, P., et.al. (2022). Biomechanics comparison between endobuton fixation and syndesmotic screw fixation for syndesmotic injury ankle fracture; a finite element analysis and cadaveric validation study. *Journal of Orthopaedics*, 34, 207-214
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Chronic Ankle Instability (CAI)

- History of at least 1 significant ankle sprain, episodes of "giving way" and/or recurrent sprain and/or "feelings of instability", diminished function measured by validated tool.
- Mechanical insufficiency cases require surgery.

Anatomic Repair

Anatomic Reconstruction

Non-Anatomic Reconstruction

Gribble, P., et.al.(2013). Selection criteria for patients with chronic ankle instability in controlled research; a position statement of the International Ankle Consortium. *Journal of orthopaedic & sports physical therapy*, 43(8), 585-591.

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Consider This

CAI - Broström Anatomic Repair

- Brostrom – “gold standard”
 - Anterior talofibular ligament repair with or without calcaneofibular ligament repair
- Gould modification
 - Extensor retinaculum to reinforce repair
- Suture Tape Augmentation

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CAI - Anatomic Lateral Ligament Reconstruction

- Indicated when ligaments are inadequate for repair, general laxity, high demand, activities obesity.
- Allograft - semitendinosus
- Autograft - semitendinosus, gracilis, peroneus longus, patellar tendon

35

Spennacchio, P., et.al. (2022). Anatomic reconstruction of lateral ankle ligaments: Is there an optimal graft option? *Knee Surgery, Sports Traumatology, Arthroscopy*, 1-11.

35

CAI - Non-Anatomic Reconstruction

- Indicated when anatomic repair has failed.
- Tenodesis using peroneus brevis tendon.
 - Watson-Jones, Evans, Chrisman-Snook procedures
- Risk of hindfoot malalignment, limited range of motion and early arthritis.

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Lateral Stabilization Considerations

- Protocols vary.
- Prolonged immobilization with modified Brostrom-Gould contributes to stiffness.

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Al-Janabi, M. M., et.al. (2023). Early mobilization following elective ankle lateral collateral ligament reconstruction in adults. *The Foot*, 101988.
Hermanns, C., et.al. (2020). Review of variability in rehabilitation protocols after lateral ankle ligament surgery. *Kansas journal of medicine*, 13, 152.

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Procedure	Outcome
Reconstruction with gracilis vs. modified Brostrom-Gould	Equivalent long-term function Reconstruction – less sprain recurrence
Brostrom suture tape augmentation with and without early rehab	Early rehab - without repair compromise High patient satisfaction
Brostrom with and without early accelerated rehab	With early rehab - greater short-term strength and proprioception gains

Su, T., et.al. (2022). Anatomic reconstruction using the autologous gracilis tendon achieved less sprain recurrence than the non-anatomical procedure but delayed recovery in chronic lateral ankle instability. *Knee Surgery, Sports Traumatology, Arthroscopy*, 30(1), 145-150.
Martin, K. D., et.al. (2021). Suture tape augmented Broström procedure and early accelerated rehabilitation. *Foot & Ankle International*, 42(2), 145-150.
Rhyu, H. S., et.al. (2023). Effects of accelerated rehabilitation exercise after mbo on ankle function and strength in ankle instability. *Revista Brasileira de Medicina do Esporte*, 29.

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Peroneal In-Office Needle Tendoscopy

- Can be utilized for diagnosis and treatment of tendinopathy.
 - Debride, groove deepening, scar resection, soft tissue release or repair
- Wide-aware local anesthesia no tourniquet (WALNT) allows patient participation.
- Immediate therapy participation.

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Peroneal Tendon Stabilization

- Tendon subluxation occurs with retinaculum rupture, lateral sprain, peroneus quarto/quintus and calcaneus malunion.
- Stabilization is achieved through retromalleolar deepening and repair of the superior peroneal retinaculum.

Indirect deepening
• Preserves fibrocartilage

Direct deepening

Hwang, I. M., et.al. (2022). Open peroneal tendon stabilization with fibular groove deepening. *Arthroscopy Techniques*, 11(9), e347-e352.

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Peroneal Tendon Repair and Reconstruction

- Tear - longitudinal or incomplete rupture
- Rupture - complete discontinuity

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van Dijk, P. A., et.al. (2018). The ESSKA-AFAS international consensus statement on peroneal tendon pathologies. *Knee Surgery, Sports Traumatology, Arthroscopy*, 26, 3096-3107.

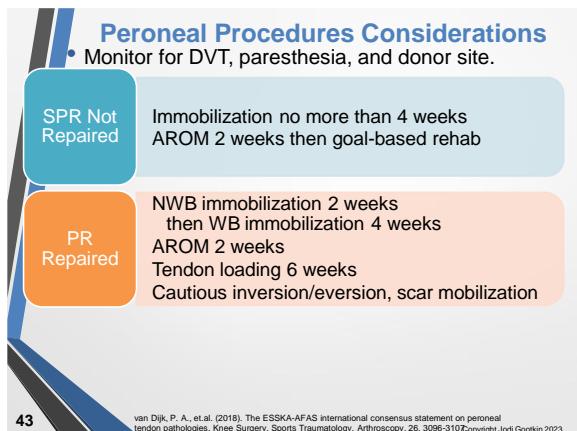
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Peroneal Tendon Procedures

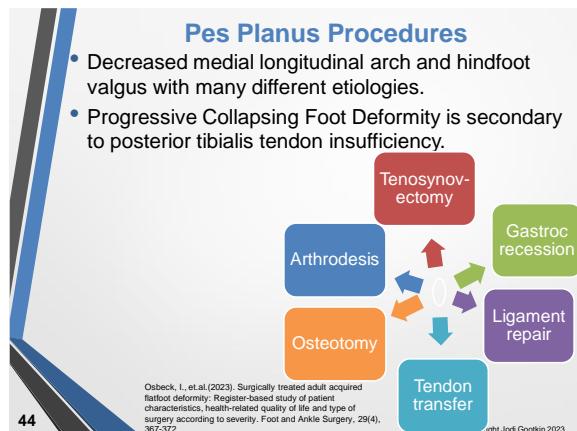
- Repair
 - Debridement and/or tenodesis
- Reconstruction
 - Semitendinosus or gracilis autograft
 - Beneficial biological and mechanical properties
- Tendon transfer
 - Flexor digitorum longus or flexor hallucis longus
 - Potential push-off strength deficits
- Superior peroneal retinaculum (SPR) repair

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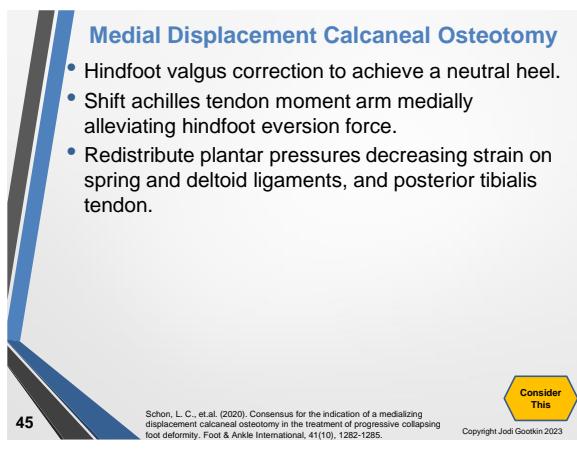
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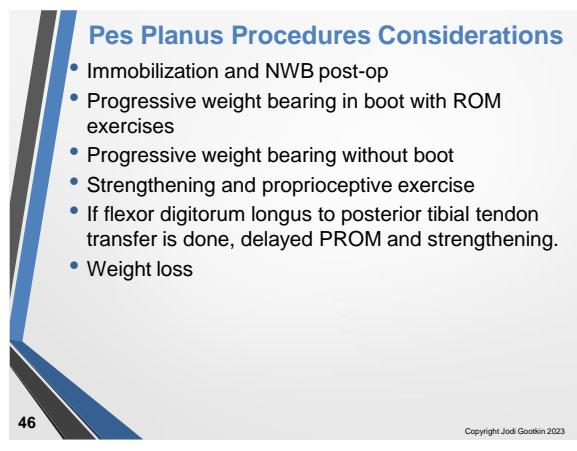
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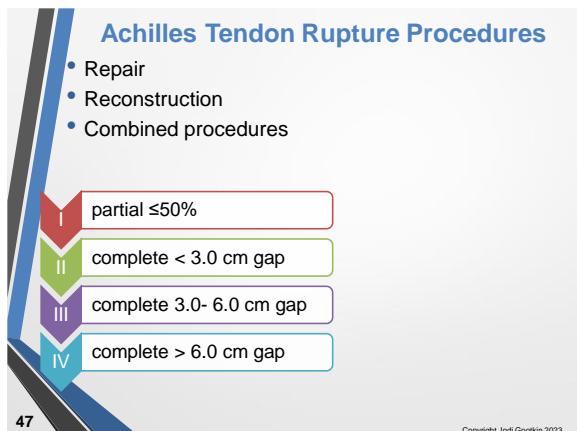
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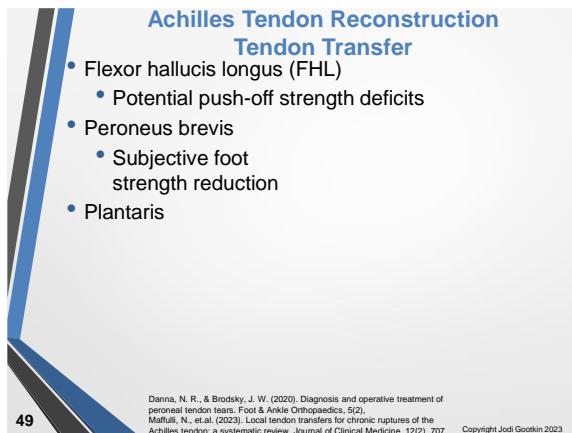
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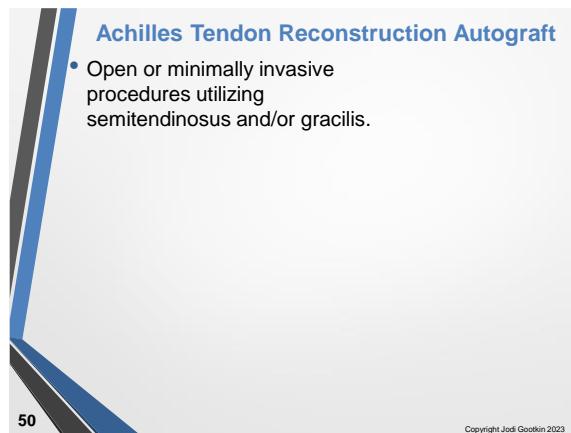
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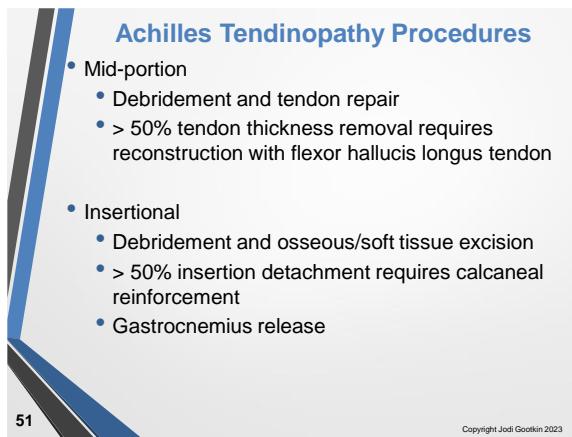
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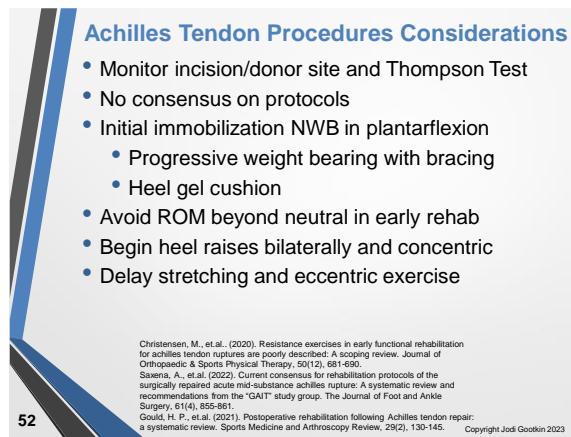
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Achilles Tendon Procedures Outcomes

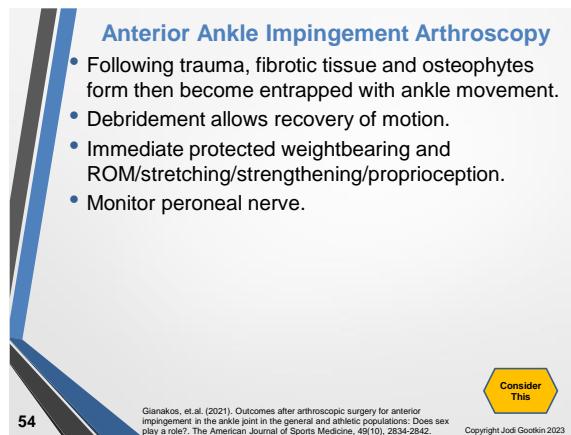
Diagnosis/Procedure	Outcome
Insertional achilles tendinopathy	Calcific vs. non-calcific similar outcomes Low overall complications High return to activity rate
Debridement and calcaneal anchors	
Acute achilles tendon tear	Low complication rate Significant Achilles Tendon Rupture Score increase
Open end-to-end repair	
Accelerated functional rehab	

Saxena, A., et.al. (2021). Insertional Achilles tendinopathy: analysis of 166 procedures and return to activity. *The Journal of Foot and Ankle Surgery*, 60(6), 1117-1123.

Lee, K. W., et.al. (2022). Immediate Weightbearing and Ankle Motion Exercise After Acute Achilles Tendon Rupture Repair. *The Journal of Foot and Ankle Surgery*, 61(3), 604-608.

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Osteochondral Lesion of Talus (OLT)

- Talus subchondral bone and cartilage damage following traumatic ankle injury or repetitive microtrauma.
- Surgical management includes cartilage repair, regeneration and replacement techniques.

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OLT - Cartilage Regeneration Procedures

- Bone Marrow Stimulation (BMS) encourages talus revascularization.
- Autologous chondrocyte transplantation
 - Donor site cells are grown in vitro and implanted into the talar dome defect.
- Monitor donor site

Small lesion

- BMS
- Fibrocartilage

Large defect

- Chondrocytes or graft
- Hyaline cartilage

Consider This

56

Krause, F., & Anwander, H. (2022). Osteochondral lesion of the talus: still a problem?. *EFORT open reviews*, 7(6), 337-343.11

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OLT - Cartilage Replacement Procedures

- Osteochondral Autograft Transfer (OATs Procedure)
 - Monitor donor site
- Osteochondral Allograft Transplant
- Weight bearing delayed until radiographic evidence of bone healing.



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OLT Procedure Considerations

- Best technique for immature bone?
- Immediate weight bearing and early ROM with BMS appears to decrease pain scores.
- Monitor for anterior ankle impingement syndrome.

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Pallmar, M., et al. (2022). Surgical treatment of traumatic osteochondrosis discolorans of the immature talus—Clinical results and prevalence of radiographic joint degeneration after a median follow-up of 72.5 months. *Foot and Ankle Surgery*, 28(5), 557-563.

Dantkowicz, R. M., et al. (2021). Impact of early weightbearing after ankle arthroscopy and bone marrow stimulation for osteochondral lesions of the talus. *Orthopaedic Journal of Sports Medicine*, 9(9).

Viehöfer, A. F., et al. (2021). Smoking is associated with anterior ankle impingement syndrome after isolated autologous matrix-induced chondrogenesis for osteochondral lesions of the talus. *Cartilage*, 13(1, suppl), 136S-137S.

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Arthrodesis

- Indications
 - Pes planus with subtalar osteoarthritis
 - End-stage arthritis
 - Charcot arthropathy
 - Failed ORIF
 - Talus avascular necrosis
 - Congenital deformity
 - Bone tumors
 - Tarsal coalitions with pain/surrounding joint degeneration
 - Neurologic conditions with apropulsive gait

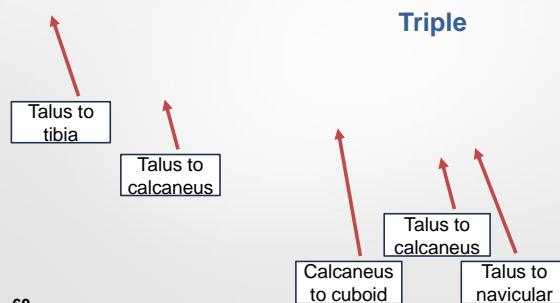
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Tibiotalar

Subtalar

Triple

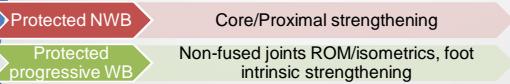


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Arthrodesis Considerations

- Orthobiologics may promote bone formation.
- Monitor wound healing
- No consensus on early mobilization
 - Glissan's principles – radiographic confirmation for weight bearing progression
- Nonunion and hardware failure risk
- Adjacent joint arthritis risk



61

Greer, N. L., et al. (2020). Orthobiologics in foot and ankle arthrodesis: An evidence review. Department of Veterans Affairs, Veterans Health Administration, Health Services Research & Development Service.

Estop-Adan, A., et.al.(2020). The need for a paradigm shift in the rehabilitation of elective foot and ankle reconstructive surgery patients? An annotation. Journal of Clinical Orthopaedics and Trauma, 11(3), 369-374.

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Total Ankle Arthroplasty

- Indicated for management of advanced arthritis.
- Goal to relieve pain without limiting range of motion.
 - Decreased risk of adjacent joint arthritis.
- Manage gait symmetry, pain, and return to activity expectations.

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Total Ankle Replacement (TAR)

- Monitor wound healing
- If concurrent tendon transfers, strengthening and stretching restricted for approximately 3 months.
- No consensus on early mobilization



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Ramaskandhan, J., et.al. (2023). Randomized Controlled Trial Comparing Early Mobilization vs Six Weeks of Immobilization in a Walking Cast Following Total Ankle Replacement. The Journal of Foot and Ankle Surgery,62(4).

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Ambulation Devices

- Knee scooter vs. hands free crutch

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Arthrodesis (AA) vs. Total Ankle Arthroplasty (TAA) Arthritis Outcomes

Study type	Outcome
Prospective RCT	<ul style="list-style-type: none"> • Both cohorts - significant improvement on Ankle Osteoarthritis Scale and no significant improvement on SF-36 • AA Higher complication rate
Systematic review and meta-analysis	<ul style="list-style-type: none"> • Both cohorts – similar outcomes for pain, gait, satisfaction, and Ankle Osteoarthritis Scale • TAA – greater range of motion and more significant improvement in American Orthopedic Foot & Ankle Society score • TAA – higher complication and reoperation rate

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Gazeau, M., et.al. (2021). Clinical outcome results of total ankle replacement and ankle arthrodesis: a pilot randomised controlled trial. Foot and Ankle Surgery, 27(3), 326-331.

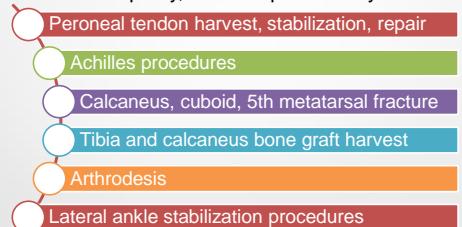
Shih, C. L., et.al. (2020). Clinical outcomes of total ankle arthroplasty versus ankle arthrodesis for the treatment of end-stage ankle arthritis in the last decade: a systematic review and meta-analysis. The Journal of Foot and Ankle Surgery, 59(6), 1032-1038.

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Sural Neuropathy

- Sensation to posterolateral aspect of the distal third of the leg, the lateral foot, and the fifth toe.
- Differential diagnosis includes S1 radiculopathy, Achilles tendinopathy, and compartment syndrome.



Consider This

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Conclusion

- Technology advances facilitate innovative surgical techniques to restore arthrokinematics and muscle function of the foot and ankle following injury.
- Continued research is needed to develop best practices for post-surgical rehabilitation to achieve functional outcomes and minimize complications.

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1. What substance may be administered perioperatively to limit blood loss?

- A. Hyaluronic acid
- B. Platelet rich plasma
- C. Tranexamic acid
- D. Autologous matrix

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2. What characteristic of nitinol technology allows it to provide dynamic stability?

- A. Low bending threshold
- B. Shape memory
- C. Rigid construct
- D. Narrow bridge design

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3. Gastrocnemius recession is indicated to manage recalcitrant pain from what condition?

- A. Plantar fasciitis
- B. Ankle osteoarthritis
- C. Intra-articular ankle fracture
- D. Hallux valgus

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4. Which of the following is a method of fixation to manage syndesmotic instability?

- A. Osteotomy
- B. Intramedullary nail
- C. Suture Button
- D. Needle tendoscopy

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5. Which technique is considered the gold standard for patients with chronic ankle instability not responding to conservative management?

- A. Evans
- B. Gould augmentation
- C. Brostrom
- D. Thermal capsular shrinkage

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6. Retromalleolar deepening with repair of the superior retinaculum could be performed to manage what condition?

- A. Hallux rigidus
- B. Pes planus
- C. Achilles tendon rupture
- D. Peroneal tendon subluxation

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8. What is the goal of arthroscopy to manage anterior ankle impingement?

- A. Tighten the anterior joint capsule
- B. Remove osteophytes and fibrotic tissue
- C. Repair ligamentous laxity
- D. Implant bone matrix

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10. Altered sensation of the posterolateral aspect of the distal leg and lateral foot along the fifth metatarsal might indicate injury to what nerve?

- A. Sural
- B. Tibial
- C. Deep peroneal
- D. Saphenous

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7. How does the medial displacement calcaneal osteotomy alleviate hindfoot eversion force?

- A. Shifts anterior tibialis moment arm
- B. Increases spring ligament forces
- C. Shifts Achilles tendon moment arm
- D. Decreases fibular forces

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9. Bone marrow stimulation is a surgical option to manage what condition?

- A. High ankle sprain
- B. Achilles tendon rupture
- C. First metatarsophalangeal arthritis
- D. Osteochondral lesion of talus

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