TURF TOE/PLANTAR PLATE INJURY

Information: Most turf toe injuries are treated without surgery; however, with a complete rupture, surgery may be recommended. The plantar plate is an important part of the plantar aspect of the hallux MTP joint that provides stability to the toe. This injury is most commonly caused by a forceful hyperextension of the great toe and can lead to an impairment in an athletes overall agility and ability to push-off, accelerate, and cut. To repair the plantar plate, the two parts of the capsule can be sewn back together or sometimes an anchor is needed to help connect the tissue to the bone. The risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to vessels, need for hardware removal, recurrence, other deformity, hallux rigidus, need for future surgery, weaknss with push-off, inability to return to sport, a blood clot and/or pulmonary embolism, and/or perhaps a condition you may feel is worse or not much better from your preoperative status. If it is your right foot, then most patients resume driving at 8 – 12 weeks after surgery.

On the Day of Surgery: The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

After Surgery: I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a splint. You cannot put any weight on your operative foot following surgery. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	Elevation above the heart is *EXTREMELY* important during this period. You will be non-weightbearing in a toe-spica splint.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture removal. You will be placed into a CAM boot. X-rays of the operative foot will be obtained. Begin PASSIVE plantarflexion of the great toe to help mobilize the sesamoids. DO NOT eextend the great toe past neutral. No dorsiflexion. You may be sent to obtain a thermoplastic dorsal blocking splint for the great toe too wear at night to prevent dorsiflexion.
2 – 4 Weeks	Continue nonweightbearing in the CAM boot. You may rmovee your foot from the boot to perform ankle range of motion exercises. Do not dorsiflex the great toe.

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4 Weeks	Follow-up appointment with Dr. Boden to monitor progress. You may begin progressivee weightbearing in the boot with crutches and advance 25% of your weight each week. We will provide a referral to physical thereapy at this visit. Begin gentle plantarflexion strengthening (towel creunches) while continuing to avoid any dorsiflexion.
4 – 8 Weeks	Begin touchdown weightbearing in the CAM boot and advance 25% of your weight each week. You must wear the boot at all times for ambulation. You may remove the boot to shower and sleep. For sleep, youo will either tape your toe or wear a dorsal blocking splint/brace. At 6 weeks post-op, you may begin ACTIVE dorsiflexion of the great toe. No passive dorsiflexion.
8 Weeks	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. You will likely be able to put on a comfortable sneaker by 3 months postoperatively. Continue to work on great toe flexion strength primarily. No passive dorsiflexion.
10 – 16 Weeks	At 10 weeks postoperatively, you may slowly remove the CAM boot and transition to a stiff-soled shoe with a Morton extension. When you are out of the CAM boot and into a reegular shoe, you may begin to advance to non-impact activities as tolerated (walking and/or elliptical). No high impact activities allowed. Ok for exercise bike, Alter-G with rigid shoewear. Avoid passive dorsiflexion of the great toe.
3 Months	Follow-up appointment with Dr. Boden to monitor progress. Weightbearing X-rays of the operative foot will be obtained. Slowly advance to field/court running progression with orthosis/turf toe plate in shoe and toe taping. No passive dorsiflexion.
4 – 6 Months	Gradually advance to all activities as tolerated. You will begin to feel that this is “behind you,” and although you may not be fully normal / healed, you should be doing quite well. Swelling is the last issue to resolve and may be 6 – 12 months for any foot surgery. Anticipate gradual return of dorsiflexion. No passive dorsiflexion.
6 Months	Follow-up appointment with Dr. Boden to monitor progress. Repeat weightbearing X-rays of the operative foot will be obtained. You may begin to run, and return to sport may take up to 12 months postoperatively.
12 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. Weightbearing X-rays of the operative foot will be obtained. I’m happy to see you at any time postoperatively if there are any issues or you have any concerns. *Thank you for the opportunity to take care of you!*

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