This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a bunionectomy. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based bunionectomy guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual’s goals for activity following a bunionectomy.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

**General Recommendations/Precautions:**

* WB status and gait progression is determined by the physician and based on surgery performed and radiographic evidence.
  + General progression: Weeks 0 – 2: NWB, Weeks 2 – 6: May bear weight in heel of boot only, Weeks 6+: WBAT in regular shoe
  + Lapidus procedure no weight bearing until 4 weeks or provider instruction
* Return to work as soon as restrictions accommodated by the patient’s employer.

This guideline may also be used for surgical repair/reconstruction to the lesser metatarsophalangeal joints.

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I**  *Weeks 0 – 2* | *Immobilization:*  Cast, splint; after two-week follow-up visit, removable boot  *WB Status:*   |  | | --- | | Non-weight bearing |   *Edema control:*  Rest & elevation of involved LE above heart as much as possible throughout the day. | *Goals of Phase:*   1. Skin healing 2. Protection of surgical site 3. Swelling control   *Criteria to Advance to Next Phase:*   1. Sutures are removed |
| **Phase II**  *Weeks 2 – 6* | *Immobilization:*  Use of removable walker boot at all times except to perform exercises 2-3x/day.  Sleep in boot  *WB Status:*  May heel weight bear in boot when walking – short distances only.  May need knee scooter for longer distances  Use toe spacers between toes prn per physician.  *Therapy:*   * Beginning at 2 weeks, with PROM of 1st MTP and AROM of ankle (2-3x/day) * Beginning at 4 weeks, progress to AROM of 1st MTP * Core, hip and knee exercises as needed * Home care exercise instructions for motion, pain and swelling control | *Goals of Phase:*   1. Healing 2. Protection of surgical site 3. Increased ROM at 1st MTP joint if not fused 4. Increased exercise tolerance   *Criteria to Advance to Next Phase:*   1. Healing appropriate for stage to move on. 2. Instruction in appropriate home exercise program. |
| **Phase III**  *Weeks 6 – 12*  **Phase IV**  *Weeks 12 – 20* | *Immobilization:*  Begin transition into a regular shoe.  *WB Status:*  WBAT  *Therapy:*   * Joint mobilization and stretching to unfused joints * Scar mobilization * Cont. with AROM of MTP joints and ankle * Intrinsic foot strengthening * Gait training- using anti-gravity treadmill as needed * May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated * Stationary bike at 6 weeks, AVOID pressure at forefoot. * Elliptical at 8 weeks   *WB Status:*  Full; patient should exhibit normalized gait  *Therapy:*   * Progress strength and balance training * Bilateral heel raises, progress to unilateral * Progress towards normal activities- pending patient’s goals * Progress single leg exercises on varying surfaces * Advance functional training to include sport specific movement patterns at end of phase | *Goals of Phase:*   1. Swelling reduction 2. Increase in ROM 3. Neuromuscular re-education 4. Full WB   *Criteria to Advance to Next Phase:*   1. Normal gait pattern 2. Pain control 3. Edema managed   Goals of Phase:   1. Functional ROM 2. Good strength 3. Adequate proprioception for stable balance 4. Normalize gait 5. Tolerate full-day of ADLs/work 6. Return to reasonable recreational activities   *Criteria to Advance to Discharge:*   1. Patient to be instructed in appropriate home exercise program 2. Full strength and ROM |