

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.
  - **Dr. Emter** General progression: Weeks 0 – 2: NWB, Weeks 2 – 6: May bear weight in heel of boot only, Weeks 6+: WBAT in regular shoe
  - **Dr. Renschler** General progression: WBAT in CAM boot 0-6 weeks: 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. See also Bunionectomy Lapidus Procedure Guideline
- Return to work as soon as restrictions accommodated by the patient's employer.
- Selecting shoe styles that do not squeeze the toes in any way should be attained prior to surgery to protect integrity of surgical site (select a style with sufficient width and length of toe box).

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

**Pre Operative Phase:**

- Restrictions/precautions: none
- PT treatment: instruct use of assistive device based on gait assessment, non-weight bearing (NWB on surgical side)
- Goals: 1. Demonstrate safe ambulation with assistive device NWB  
2. Able to maintain NWB with transfers and stairs.

Phase	Suggested Interventions	Goals/Milestones for Progression
<p><b>Phase I</b></p> <p>Weeks 0 – 2</p>	<p><i>Immobilization:</i> Cast, splint; after two-week follow-up visit, removable boot</p> <p><i>WB Status:</i> Non-weight bearing</p> <p><i>Edema control:</i> Rest &amp; elevation of involved LE above heart as much as possible throughout the day.</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Skin healing</li> <li>2. Protection of surgical site</li> <li>3. Swelling control</li> <li>4. Demonstrate safe ambulation with AD while maintaining NWB</li> <li>5. Able to maintain NWB with transfers and stairs</li> </ol> <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> <li>1. Sutures are removed</li> <li>2. 2 weeks post op</li> </ol>
<p><b>Phase II</b></p> <p>Weeks 2 – 6</p>	<p><i>Immobilization:</i> Use of removable walker boot at all times except to perform exercises 2-3x/day. <u>Sleep in boot</u></p> <p><i>WB Status:</i> <b>Dr. Emter:</b> Dependent on patient progress. See patient specific patient recommendations. <b>Dr. Renschler:</b> <u>With Osteotomy:</u> May heel weight bear in boot when walking – short distances only. <u>With Fusion:</u> may be touch down weight bearing only – short distances only</p> <p>May need knee scooter for longer distances Use toe spacers between toes prn per physician.</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Healing</li> <li>2. Protection of surgical site</li> <li>3. Increased ROM at 1<sup>st</sup> MTP joint if not fused</li> <li>4. Increased exercise tolerance</li> <li>5. Minimize loss of core, hip, and knee strength</li> <li>6. Confirm safety with assistive device NWB/heel touch weight bearing</li> <li>7. Increase scar tissue mobility</li> </ol> <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> <li>1. Healing appropriate for stage to move on.</li> <li>2. Instruction in appropriate home exercise program.</li> </ol>

	<p><i>Therapy:</i></p> <ul style="list-style-type: none"> <li>• Beginning at 2 weeks, with PROM of 1<sup>st</sup> MTP and AROM of ankle (2-3x/day)</li> <li>• Beginning at 4 weeks, progress to AROM of 1<sup>st</sup> MTP</li> <li>• Core, hip and knee exercises as needed (maintain precautions)</li> <li>• Home care exercise instructions for motion, pain and swelling control</li> <li>• Gait training to ensure safety with proper heel touch weight bearing technique</li> <li>• Scar mobilization once incisions are fully healed</li> </ul>	
<p><b>Phase III</b></p> <p>Weeks 6 – 12</p>	<p><i>Immobilization:</i></p> <p>Begin transition into a regular shoe. (Wear an athletic shoe for 1 hour on the 1st day, 2 hours on the 2nd day, 3 hours on the 3rd day etc. Add one hour each day for approximately a week until you are wearing them full time. If you develop pain, return to the boot for the remainder of the day then restart the same amount of time the next day. Do not progress time until there is no pain.)</p> <p><i>WB Status:</i></p> <p>WBAT</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> <li>• Joint mobilization and stretching to unfused joints</li> <li>• Scar mobilization</li> <li>• Cont. with AROM of MTP joints and ankle</li> <li>• Intrinsic foot strengthening</li> <li>• Gait training- using anti-gravity treadmill as needed</li> <li>• May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated</li> <li>• Stationary bike at 6 weeks, AVOID pressure at forefoot.</li> <li>• Elliptical at 8 weeks</li> <li>• Begin proprioceptive, balance, and motor control exercises in closed chain</li> </ul>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Swelling reduction</li> <li>2. Increase in ROM</li> <li>3. Neuromuscular re-education</li> <li>4. Full WB</li> </ol> <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> <li>1. Normal gait pattern</li> <li>2. Pain control</li> <li>3. Edema managed</li> </ol>

<p><b>Phase IV</b></p> <p>Weeks 12 – 20</p>	<p><i>WB Status:</i> Full; patient should exhibit normalized gait</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> <li>• Progress strength and balance training</li> <li>• Bilateral heel raises, progress to unilateral</li> <li>• Single leg activities on varying surfaces</li> <li>• Progress towards normal activities- pending patient's goals</li> <li>• Progress single leg exercises on varying surfaces</li> <li>• Advance functional training to include sport specific movement patterns at end of phase; starting with low impact and progressing towards high impact (at end of this phase)</li> <li>• Assist patient with casual shoe/dress shoe selection</li> </ul>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Functional ROM</li> <li>2. Good strength</li> <li>3. Adequate proprioception for stable balance</li> <li>4. Normalize gait</li> <li>5. Tolerate full-day of ADLs/work</li> <li>6. Return to reasonable recreational activities</li> </ol> <p><i>Criteria to Advance to Discharge:</i></p> <ol style="list-style-type: none"> <li>1. Patient to be instructed in appropriate home exercise program</li> <li>2. Full strength and ROM</li> </ol>
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