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 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
* 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 |

 | *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.*WB Status:*May heel weight bear in boot when walking – short distances only.*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
* 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
 | *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
 |