This guideline is used when the patient has received a Lapidus procedure. (1st Metatarsal joint arthrodesis.) This guideline may also be used for any mid-foot fusion.

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.
* 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.

|  |  |  |
| --- | --- | --- |
| **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 bearingWear Boot |

*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 – 4*Initiate PT after incision healed @ 2 weeks | *Immobilization:*Use of removable walker boot at all times except to perform exercises 2-3x/day.Sleep in boot*WB Status:***Dr. Renschler:** May heel weight bear in boot when walking – short distances only.**Dr. Emter:** Continue NWB. May heel weight bear to go sit to stand only.May need knee scooter for longer distancesUse 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

Compressive stocking to be used for significant swelling prn.Edema, decongestive massage.Seated partial WB: BAPS board, toe and heel raises | *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 4-8, 8-12* | *Immobilization:* Remain in Boot 8 weeksTransition to shoe 8-12 weeks*WB Status:*WBAT in Boot to 8 weeks8-12 weeks FWB*Therapy:** Joint mobilization and stretching to unfused joints
* Scar mobilization
* Cont. with AROM of MTP joints and ankle
* Intrinsic foot strengthening
* Ankle isometrics: Eversion, DF, PF (weeks 5-6)
* Total gym double leg, low level or double leg press low resistance (week 5-6)
* Ankle isotonics: Eversion, DF, PF (weeks 7-8)
* Squats or wall sits – double leg (weeks 7-8)
* Double leg standing heel raises (weeks 10-12)
* Gait training and gait related activities- using anti-gravity treadmill as needed , marching, side stepping with great toe floor contact
* Lateral and front step up progressions (week 9)
* May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated
* Stationary bike at 6 weeks, AVOID pressure at forefoot. (at 10 weeks can begin forefoot pressure)
 | *Goals of Phase:* 1. Swelling reduction
2. Increase in ROM
3. Neuromuscular re-education
4. Full WB by 8 weeks in Boot

*Criteria to Advance to Next Phase @ 12 weeks:* 1. Normal gait pattern
2. Pain control
3. Edema managed
 |

|  |  |  |
| --- | --- | --- |
| **Phase IV***Weeks 12 – 20* | *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
* Elliptical at 8 weeks
 | 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
 |