

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
<p>Phase I</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 Wear Boot</p> <p><i>Edema control:</i> Rest & 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"> 1. Skin healing 2. Protection of surgical site 3. Swelling control <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> 1. Sutures are removed

<p>Phase II</p> <p>Weeks 2 – 4</p> <p>Initiate PT after incision healed @ 2 weeks</p>	<p><i>Immobilization:</i></p> <p>Use of removable walker boot at all times except to perform exercises 2-3x/day. Sleep in boot</p> <p><i>WB Status:</i></p> <p>Dr. Renschler: May heel weight bear in boot when walking – short distances only.</p> <p>Dr. Emter: Continue NWB. May heel weight bear to go sit to stand only.</p> <p>May need knee scooter for longer distances Use toe spacers between toes prn per physician.</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> • 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 <p>Compressive stocking to be used for significant swelling prn. Edema, decongestive massage. Seated partial WB: BAPS board, toe and heel raises</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Healing 2. Protection of surgical site 3. Increased ROM at 1st MTP joint if not fused 4. Increased exercise tolerance <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> 1. Healing appropriate for stage to move on. 2. Instruction in appropriate home exercise program.
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<p>Phase III</p> <p>Weeks 4-8, 8-12</p>	<p><i>Immobilization:</i> Remain in Boot 8 weeks Transition to shoe 8-12 weeks</p> <p><i>WB Status:</i> WBAT in Boot to 8 weeks 8-12 weeks FWB</p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> • 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 isotonic: 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) 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Swelling reduction 2. Increase in ROM 3. Neuromuscular re-education 4. Full WB by 8 weeks in Boot <p><i>Criteria to Advance to Next Phase @ 12 weeks:</i></p> <ol style="list-style-type: none"> 1. Normal gait pattern 2. Pain control 3. Edema managed
<p>Phase IV</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"> • Progress strength and balance training • Bilateral heel raises, progress to unilateral • Progress towards normal activities- pending patient's goals 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Functional ROM 2. Good strength 3. Adequate proprioception for stable balance 4. Normalize gait 5. Tolerate full-day of ADLs/work

	<ul style="list-style-type: none"> • Progress single leg exercises on varying surfaces • Advance functional training to include sport specific movement patterns at end of phase • Elliptical at 8 weeks 	<p>6. Return to reasonable recreational activities</p> <p><i>Criteria to Advance to Discharge:</i></p> <ol style="list-style-type: none"> 1. Patient to be instructed in appropriate home exercise program 2. Full strength and ROM
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