



Purpose:

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 guideline 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 with 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.

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	MILESTONES FOR PROGRESSION
Phase I Weeks 0-2	Immobilization: <ul style="list-style-type: none"> • Cast, splint • After two-week follow-up visit, CAM boot WB Status: <ul style="list-style-type: none"> • NWB • Wear CAM boot Edema Control: <ul style="list-style-type: none"> • Rest & elevation of involved L/E above heart as much as possible 	Goals: <ul style="list-style-type: none"> • Skin healing • Protection of surgical site • Swelling control Criteria to Advance: <ul style="list-style-type: none"> • Sutures are removed
Phase II Weeks 2-4	Immobilization: <ul style="list-style-type: none"> • Use of CAM boot at all times except to perform exercises 2-3x/day • Sleep in CAM boot WB Status: <ul style="list-style-type: none"> • May heel weight bear in CAM boot when walking short distances only 	Goals: <ul style="list-style-type: none"> • Healing • Protection of surgical site • Increased ROM at 1st MTP joint if not fused • Increased exercise tolerance Criteria to Advance:

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	<ul style="list-style-type: none">• May need knee scooter for longer distances• Use toe spacers between toes prn per physician <p>Precautions:</p> <ul style="list-style-type: none">• Compressive stocking for significant swelling prn <p>Therapy:</p> <ul style="list-style-type: none">• PROM of 1st MTP• AROM of ankle (2-3x/day)• 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• Edema, decongestive massage• Seated partial WB: BAPS board, toe and heel raises	<ul style="list-style-type: none">• Healing appropriate for stage to move on• Instruction in appropriate home exercise program
Phase III Weeks 4-12	<p>Immobilization:</p> <ul style="list-style-type: none">• Remain in CAM boot 8 weeks• Transition to shoe 8-12 weeks <p>WB Status:</p> <ul style="list-style-type: none">• WBAT in CAM boot to 8 weeks• 8-12 weeks FWB <p>Precautions:</p> <ul style="list-style-type: none">• Avoid forefoot pressure until 10 weeks <p>Therapy:</p> <ul style="list-style-type: none">• Joint mobilization and stretching to unfused joints• Scar mobilization• Continue with AROM of MTP joints and ankle• Intrinsic foot strengthening <p><u>Weeks 5-6:</u></p> <ul style="list-style-type: none">• Total gym double leg, low level or double leg press low resistance• Ankle isometrics:<ul style="list-style-type: none">— Eversion— DF	<p>Goals:</p> <ul style="list-style-type: none">• Swelling reduction• Increase in ROM• Neuromuscular re-education• Full WB by 8 weeks in Boot <p>Criteria to Advance:</p> <ul style="list-style-type: none">• Normal gait pattern• Pain control• Edema managed

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	<ul style="list-style-type: none">— PF <p><u>Week 6:</u></p> <ul style="list-style-type: none">• Stationary bike <p><u>Weeks 7-8:</u></p> <ul style="list-style-type: none">• Ankle isotonic:<ul style="list-style-type: none">— Eversion— DF— PF• Squats or wall sits – double leg <p><u>Week 8:</u></p> <ul style="list-style-type: none">• Elliptical <p><u>Week 9:</u></p> <ul style="list-style-type: none">• Lateral and front step-up progressions <p><u>Weeks 10-12:</u></p> <ul style="list-style-type: none">• Double leg standing heel raises• Gait training and gait related activities, using Alter-G as needed<ul style="list-style-type: none">— Marching, side stepping with great toe floor contact• May begin with seated BAPS board and progress to standing balance assisted exercises as tolerated	
Phase IV Weeks 12-20	<p>WB Status:</p> <ul style="list-style-type: none">• Full• Patient should exhibit normalized gait <p>Therapy:</p> <ul style="list-style-type: none">• Progress strength and balance training• Bilateral heel raises, progress to unilateral• Progress towards normal activities, depending patient's goals• Progress single leg exercises on varying surfaces• Advance functional training to include sport-specific movement patterns at end of phase	<p>Goals:</p> <ul style="list-style-type: none">• Functional ROM• Good strength• Adequate proprioception for stable balance• Normalize gait• Tolerate full day of ADLs/work• Return to reasonable recreational activities <p>Criteria to Discharge:</p> <ul style="list-style-type: none">• Patient to be instructed in appropriate home exercise program• Full strength and ROM