# 1st MTP Fusion – Postoperative Protocol

**Physical Therapy**

## 1st MTP Fusion - Postoperative Protocol

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| 0-2  | • Back slab/ high or low walker boot NWB or heel WB only (surgeon dependant)  
• gait re-education with correct use of crutches/walker  
• AROM of hip and knee  
• rest and elevation of limb 14 cm/ 6in above heart 22 out of 24 hrs a day | • ADL’s with safe and independent crutches/walker use  
• Control swelling and pain |
| 2-6  | • 1st post-op visit at F/A Clinic at 2 weeks post-op  
• seen by Physiotherapist in F&A Clinic and taught AROM of ankle (refer to exercise sheet given by therapist in F/A Clinic)  
• Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night  
• May heel WB when walking – short distances only | • protect fusion site  
• increase ROM at non-fused joints  
• increase exercise tolerance  
• maintain hip and knee ROM  
• safe and independent use of crutches/walker |
| 6-8  | • Gradually progress to full WB in boot between weeks 6-8  
• AROM of ankle (refer to exercise sheet given by therapist in F/A Clinic)  
• stationary bike in boot  
• core exercises – recruit transversus abdominus  
• hip strength – glut med./abduction  
• joint mobilizations to unfused joints  
• elevate to control swelling  
• increase ADL’s in standing  
• scar massage  
• Can sleep without boot | • Protect fusion site  
• maintain ankle ROM  
• maintain hip & knee ROM/strength  
• improve core strength  
• safe use of crutches/walker  
• increase mobility of scar |

The information in this document is intended solely for the person to whom it was given by the health care team.
### 1st MTP Fusion – Postoperative Protocol

| 8-14 | • start weaning boot at 8 weeks post-op – practice standing, weight shift, and small periods of walking out of the boot. Gradually increase time and distance in order to be completely out of the boot by 10 wks  
• scar massage  
• heat  
• joint mobilizations to **unfused joints**  
• stationary bicycle  
• gait training  
• begin unilateral stance exercises  
• may begin swimming if wound is healed and safe to get in and out of pool  
• low level balance and proprioceptive exercises  
• progressive strengthening of hip, knee and ankle  
• continue core strengthening | • WBAT out of boot and into shoe  
• increase core, hip, knee and ankle strength  
• safe gait with/without walking aid |
| --- | --- |
| 14-16 | • bilateral heel raises progressing to unilateral heel raises  
• higher level balance/proprioceptive exercises | • ambulation with no walking aid |
| 16+ | • return to normal activities i.e. golf & tennis | • full strength |

### Pain and Swelling

This procedure causes a lot of swelling and pain. It is normal for the foot and ankle to be swollen for up to 6-12 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

### Driving

The patient may drive if the surgery is on the **LEFT** foot as pain and swelling allows, and if the car is an automatic. If the surgery is on the **RIGHT** foot the patient may return to driving if they are full weight bearing and can safely demonstrate an emergency stop on the brake. **THE PATIENT CANNOT DRIVE WHILE THEIR FOOT IS IN A WALKER BOOT.** The patient should contact their insurance company before driving a car.
Return to Work
Return to work at a fully sedentary job no earlier than 3-4 weeks post-op.
Return to work at a job requiring significant amounts of standing or walking no earlier than 4 months postop.
Return to work for jobs with physical requirements between the above extremes is individualized (if uncertain please contact the surgeon).