



**Physical Therapy  
Bunionectomy with 1<sup>st</sup> Metatarsal Osteotomy (Proximal or Distal)  
Postoperative Protocol**

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
0-2	<ul style="list-style-type: none"> <li>• low walker boot on full time</li> <li>• full weight bearing on heel <b>only</b></li> <li>• dressings remain intact</li> <li>• gait re-education with correct use of crutches/walker</li> <li>• AROM of hip and knee</li> <li>• rest and elevation of limb 14 cm or 6 inches above heart, 22 out of 24 hrs a day</li> </ul>	<ul style="list-style-type: none"> <li>• ADL's with safe and independent use of crutches/walker if needed (generally not required)</li> <li>• control swelling and pain</li> </ul>
2-6	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> pos-top visit at F/A Clinic at 2 weeks post-op</li> <li>• seen by Physiotherapist in F&amp;A Clinic and taught AROM of ankle &amp; 1<sup>st</sup> and 2<sup>nd</sup> MTP joints( refer to exercise sheet given by therapist in F/A clinic)</li> <li>• Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night</li> <li>• silicone 1-2 toe spacer to be in place full time except for exercises</li> <li>• continue full WB on heel only</li> <li>• begin cycling on stationary bike in the boot at week 4 with <b>NO</b> pressure on forefoot</li> </ul>	<ul style="list-style-type: none"> <li>• protect osteotomy site</li> <li>• increase 1<sup>st</sup> MTP ROM</li> <li>• increase exercise tolerance</li> <li>• maintain hip and knee ROM</li> </ul>
6-10	<ul style="list-style-type: none"> <li>• Wean from walker boot and progress to WB on whole foot</li> <li>• use wide sandal e.g. Birkenstock or very wide oversized running shoe</li> <li>• silicone 1-2 toe spacer to be used full time except for exercises/hygiene</li> <li>• AROM of ankle (refer to exercise sheet given by therapist in F/A Clinic)</li> </ul>	<ul style="list-style-type: none"> <li>• increase ROM at 1<sup>st</sup> &amp; 2<sup>nd</sup> MTP joints</li> <li>• maintain ankle ROM</li> <li>• maintain hip &amp; knee ROM/strength</li> <li>• improve core strength</li> <li>• safe use of crutches/walker</li> <li>• increase mobility of scar</li> </ul>

The information in this document is intended solely for the person to whom it was given by the health care team.

## Bunionectomy with 1<sup>st</sup> Metatarsal Osteotomy

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
6-10 (cont'd)	<ul style="list-style-type: none"> <li>• core exercises – recruit transversus abdominus</li> <li>• hip strength : glut med./abduction</li> <li>• joint mobilizations</li> <li>• elevate to control swelling</li> <li>• increase ADL's in standing</li> <li>• scar massage</li> <li>• stationary bicycle</li> <li>• gait training</li> <li>• may begin swimming if wound is healed and safe to get in and out of pool</li> <li>• low level balance and proprioceptive exercises</li> </ul>	<ul style="list-style-type: none"> <li>• as above</li> </ul>
10-12	<ul style="list-style-type: none"> <li>• bilateral heel raises progressing to unilateral heel raises</li> <li>• higher level balance/proprioceptive exercises</li> </ul>	<ul style="list-style-type: none"> <li>• comfortable full weight bearing</li> </ul>
12+	<ul style="list-style-type: none"> <li>• return to normal activities i.e. golf &amp; tennis</li> </ul>	<ul style="list-style-type: none"> <li>• full strength</li> </ul>

### **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 post-op.

Return to work for jobs with physical requirements between the above extremes is individualized (if uncertain please contact the surgeon).