### Bunionectomy with 1st Metatarsal Osteotomy

**BC Foot & Ankle Clinic**
St. Paul’s Hospital

**Physiotherapists:** Jill Kipnis / Sandra Squire / 604-806-8115

#### Physical Therapy

**Bunionectomy with 1st Metatarsal Osteotomy (Proximal or Distal)**

**Postoperative Protocol**

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<th>Week</th>
<th>Physical Therapy Guidelines</th>
<th>Goals</th>
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| 0-2  | • low walker boot on full time  
  • full weight bearing on heel **only**  
  • dressings remain intact  
  • gait re-education with correct use of crutches/walker  
  • AROM of hip and knee  
  • rest and elevation of limb 14 cm or 6 inches above heart, 22 out of 24 hrs a day | • ADL’s with safe and independent use of crutches/walker if needed (generally not required)  
  • control swelling and pain |
| 2-6  | • 1st pos-top visit at F/A Clinic at 2 weeks post-op  
  • seen by Physiotherapist in F&A Clinic and taught AROM of ankle & 1st and 2nd MTP joints (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  
  • silicone 1-2 toe spacer to be in place full time except for exercises  
  • continue full WB on heel only  
  • begin cycling on stationary bike in the boot at week 4 with NO pressure on forefoot | • protect osteotomy site  
  • increase 1st MTP ROM  
  • increase exercise tolerance  
  • maintain hip and knee ROM |
| 6-10 | • Wean from walker boot and progress to WB on whole foot  
  • use wide sandal e.g. Birkenstock or very wide oversized running shoe  
  • silicone 1-2 toe spacer to be used full time except for exercises/hygiene  
  • AROM of ankle (refer to exercise sheet given by therapist in F/A Clinic) | • increase ROM at 1st & 2nd MTP joints  
  • maintain ankle ROM  
  • maintain hip & knee ROM/strength  
  • improve core strength  
  • safe use of crutches/walker  
  • increase mobility of scar |

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| **6-10 (cont’d)** | • core exercises – recruit transversus abdominus  
  • hip strength : glut med./abduction  
  • joint mobilizations  
  • elevate to control swelling  
  • increase ADL’s in standing  
  • scar massage  
  • stationary bicycle  
  • gait training  
  • may begin swimming if wound is healed and safe to get in and out of pool  
  • low level balance and proprioceptive exercises | • as above                          |
| **10-12**      | • bilateral heel raises progressing to unilateral heel raises  
  • higher level balance/propr ioceptive exercises | • comfortable full weight bearing  |
| **12+**        | • return to normal activities i.e. golf & tennis                                                | • full strength                    |

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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).