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Physical Therapy Lapidus Bunionectomy - Postoperative Protocol

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
0-2	<ul style="list-style-type: none"> • Back slab NWB • 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 	<ul style="list-style-type: none"> • ADL's with safe and independent crutches/walker use • Control swelling and pain
2-6	<ul style="list-style-type: none"> • 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 & 1st MTP joint and 2nd MTP joint if no pin present (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 at home, boot on at night • May heel WB in boot when walking – short distances only 	<ul style="list-style-type: none"> • protect fusion site • increase ROM at non-fused joints especially 1st MTP joint • increase exercise tolerance • maintain hip and knee ROM • safe and independent use of crutches/walker
6-10	<ul style="list-style-type: none"> • 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) • core exercises – recruit transversus abdominus • static quad exercises • 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 	<ul style="list-style-type: none"> • 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

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

Bunionectomy – Postoperative Protocol

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
6-10 (Cont'd)	<ul style="list-style-type: none"> • begin cycling on stationary bike <u>in boot</u> at 6 weeks post-op • mobilize 1st & 2nd MTP joints • Silicone 1-2 toe spacer on full time except for exercises (surgeon dependant) 	<ul style="list-style-type: none"> • as above
10-14	<ul style="list-style-type: none"> • start weaning boot – 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 12 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 • toe spacer in place full time (surgeon dependant) 	<ul style="list-style-type: none"> • WBAT out of boot and into shoe • increase core, hip, knee and ankle strength • safe gait with/without walking aid
14-16	<ul style="list-style-type: none"> • bilateral heel raises progressing to unilateral heel raises • higher level balance/proprioceptive exercises 	<ul style="list-style-type: none"> • full weight bearing • ambulation with no walking aid
16+	<ul style="list-style-type: none"> • return to normal activities i.e. golf & tennis 	<ul style="list-style-type: none"> • full strength

Claw Toe Correction

Patients that have had an associated claw toe correction with pins must be mindful to protect the pins. Try to avoid bumping or putting any force through the pins.

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).