

BUNIONECTOMY REHABILITATION GUIDELINES STATUS POST CHEVRON OR AKIN

RX:

Physical Therapy: 3 times/ week for 6 weeks

1. ROM and stretching left and right foot and ankle
2. Instruct in home strengthening program to be performed daily
3. Modalities PRN

PHASE 1 (start 2-4 weeks post-op; start time will vary)

- 1) Visit 1 – Patient is evaluated
 - a) Gait training, WBAT with “heel to toe gait.” Review bracing/toe splint. Discuss appropriate shoe wear.
 - b) Begin first MTP joint ROM exercises: AROM, PROM, and towel stretch for ankle dorsiflexion.
 - c) Ice ankle and use compressive stockinette for edema control, and educate patient on icing at home.
- 2) Visits 2 and 3
 - a) Continue with ankle ROM exercises as needed.
 - b) Begin toe strengthening exercises, seated PF, and towel scrunch.
 - c) Address ankle strength issues; ankle strengthening including manual resistance exercises, and 4-direction theraband exercises.
disc.
 - d) Begin weight bearing proprioceptive exercises on static surfaces to include: single limb stance exercises, plyoball and 4-way theraband exercises standing on involved limb.
 - e) Begin aerobic conditioning such as the bike.

PHASE 2 (6 to 8 weeks post-op)

- 3) Visits 4 and 5
 - a) Address additional gait deficits and abnormalities. Begin wearing sneakers with toe spacer.
 - b) Progress the strengthening exercises to include the leg press, calf press, and standing heel raises.
 - c) Progress ankle stretches to include: standing gastrocnemius and soleus stretches.
 - d) Progress proprioceptive exercise to dynamic surfaces such as: foam, rocker board and balance
- 4) Visits 6 and 7
 - a) Begin standing heel raises.
 - b) Progress difficulty of proprioceptive exercises to be done on dynamic surfaces only.
 - c) Advance aerobic conditioning to include the treadmill, stepper, etc.

PHASE 3 (sports specific - 8 to 10 weeks)

- 5) Visits 8 and 9
 - a) Begin sports specific training with sport cord activities including lunges and semicircles.
 - b) Begin hopping and jumping drills and other plyometric training for return to sports as appropriate.
 - c) Begin running based on MD clearance.
 - d) Discharge with HEP.

DISCHARGE CRITERIA

- 1) Normal gait without assistive device or bracing.

- 2) Minimal to no pain with ADLs.
- 3) Minimal to no joint effusion.
- 4) Adequate neuromuscular control and proprioceptive awareness based on ability to perform stabilization exercises and ability to participate in recreational/sport activities.