Dear physician,

If you have the opportunity to follow up on a syndesmosis bunionectomy, I’d like to share some ideas that will help insure optimal healing. To learn more about the procedure, please go to bellevuefoot.com. There is a webpage here that extensively goes over the mechanics of the procedure.

I like to follow up with these patients at the following intervals:

- **One week**: Wound check, xrays and dressing change. If they had one foot done, a tall camwalker boot may be dispensed. Start the patient on passive sagittal plane range of motion exercises at the 1st mtpj.

- **Two weeks**: Suture removal and application of a forefoot cast. The patient may begin bathing. They should be encouraged to increase their range of motion exercises at the 1st mtpj.

- **One month**: Xrays and clinical evaluation of range of motion, wound healing and alignment.

- **Two months**: Clinical evaluation of range of motion, alignment. Xrays if deemed necessary.

- **Three months**: Xrays. The patient may discontinue the camwalker boot or forefoot cast.

- **5 months**: Xrays and general check.

- **8 months**: General check.

- **One year**

- **As needed**

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**How much walking can patients do afterwards?**

**The first three days**: Bedrest, with trips to the bathroom only. To the bathroom, they can put full weight on their foot, but keep it flatfooted.

**The rest of the first week**: A maximum 500 steps per day (this includes steps with the other foot)

**The second week**: A maximum of 1000 steps per day

**The third and fourth week**: 2000

**The second month**: 3000 gradually going up to 4000

**The third month**: 4000 gradually going up to 5000

**After the third month**: A maximum of 5000 steps per day. The next week they can do a maximum of 6000 steps per day. The next week they can do a maximum of 7000 steps per day. The next week they can do a maximum of 8000 steps per day and so on…….

**After four months**, they can think about brisk walking, running at 6 months……

- Steps per day is measured by a Fit Bit or activity monitor and includes steps from both feet.
  - They should feel free to take less steps than this as their foot will not mind it.

**Xray expectations**: ideal IM angle right after sx should be around 3 degrees. This will gradually increase to 9 degrees over the next several months. The HA angle should be 0 degrees and this will gradually increase to 15 degrees over the next several months. The plate should lay against the lateral 2nd metatarsal shaft and possibly medial 1st metatarsal shaft. Sesamoid alignment and 1st mtpj joint congruency should be good, but subtly overcorrected right off the bat.

The patient is ‘bullet-proof’ at 6 months. In other words, there should be no chance of increase IM angle at that point since the syndesmosis should be fully formed.

If you have any questions, please email me at djichi@uw.edu!

Thanks for your help in caring for our patient!
Doug Ichikawa, D.P.M.