Physical Therapy Rehabilitation Following Syndesmosis Bunionectomy

**Therapy Timeline Overview (Approximation)**

- First PT visit at 3 weeks post-operation
- 2x/week until for the next 2 weeks (until week 5 post-op)
- 1x/week for the following 1 month (until week 9 post-op)
- 2x/month for the following 2 months (until week 17 post-op)
- Surgical Boot for 3 months (surgeon clearance)

**Daily Step Limitations**

- The first three days: Bed rest, with trips to the bathroom only. To the bathroom, you can put full weight on your foot, but keep it flatfooted.
- The rest of the first week: A maximum 500 steps per day
- The second week: A maximum of 1000 steps per day
- The third and fourth week: 2000 steps per day
- 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 + 1000 steps per week
- The next week you can do a maximum of 6000 steps per day.
- The next week you can do a maximum of 7000 steps per day.
- The next week you can do a maximum of 8000 steps per day and so on...
- After four months, you can consider running
- **Of note:**
  - Steps per day counts steps from both feet
  - You can take less steps than suggested above
  - Always use forefoot cast, postop shoe or surgical boot until cleared by surgeon

**Initial Rehabilitation Phase (Approx. until week 5)**
Goals: Decrease edema, Gait training with walking in cam boot, Improve ROM, Maintain hallux alignment,

Medical equipment: Cam boot, Toe wedge, Rigid/Dynamic Taping

Weight Bearing: WBAT while following step limitations

Exercises: Foot intrinsic, NWB strength training, gait training, Shuttle, BAPS board, Seated Balance board

Joint Mobilization/ROM: Hallux extension/flexion/abduction. 2\textsuperscript{nd} MTP Flexion

**Intermediate Rehabilitation Phase (Approx. week 5-9)**

Goals: Decrease edema, Gait training without cam boot Gait training without cam boot, Continued focus on ROM for hallux alignment, hallux extension and preventing 2\textsuperscript{nd} metatarsal migration into extension, Progress Balance

Medical equipment: Cam boot, Toe wedge, Rigid/Dynamic Taping

Weight Bearing: WBAT while following step limitations

Exercises: Foot intrinsic, NWB strength training, Gait training, Progression of balance and CKC exercises, Gluteal strengthening, Band walks, Squatting, Leg press

Joint Mobilization/ROM: Hallux extension/flexion/abduction. 2\textsuperscript{nd} MTP Flexion

**Final Rehabilitation Phase (Approx. week 10+)**

Goals: Prevent 2\textsuperscript{nd} Metatarsal stress fracture. Progress to propulsive walking (12 weeks), Progress to heel raises with extreme care (14 weeks), Maintain 1\textsuperscript{st} and 2\textsuperscript{nd} digit alignment, Dynamic balance, CKC strengthening, Increased first ray WBing

Medical equipment: Rigid/Dynamic taping
Weight Bearing: Weight Bearing: WBAT while following step limitations

Exercises: Heel raises (double leg, then single leg eccentric, then concentric) Dynamic balance, CKC strengthening, Global LE strengthening, endurance training, early return to sport,

Joint Mobilization/ROM: Hallux extension/flexion/abduction. 2nd MTP Flexion

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Disclaimer: The timelines provided in this protocol are an approximation. Medical practitioners should take clinical presentation, pain levels and tissue healing time lines into consideration when progressing activities.

References:
