

Physical Therapy Rehabilitation Following Syndesmosis Bunionectomy

Therapy Timeline/Milestones 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)
- 1x every 1-2 weeks for the following 2 months (until week 17 post-op)
- Patient allowed to perform CKC strengthening, single leg balance and in-clinic ambulation (flat footed) without boot at week 7
- Surgical Boot for 3 months (surgeon clearance)
- Gradual return to run and plyometrics at 6 months

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: Begin brisk walking
- After 6 months: Begin gradual return to running and plyometrics
- 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. 2nd 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 2nd metatarsal migration into extension, Progress Balance and gluteus medius strengthening

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

Weight Bearing: WBAT while following step limitations. Patient allowed to perform CKC strengthening, single leg balance and in-clinic ambulation without boot on (flat footed) at week 7

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. 2nd MTP Flexion

Final Rehabilitation Phase (Approx. week 10+)

Goals: Prevent 2nd Metatarsal stress fracture. Progress to propulsive walking (12 weeks), Progress to heel raises with extreme care (14 weeks), Maintain 1st and 2nd digit alignment, Dynamic balance, CKC strengthening, Increased first ray WBing. Brisk walking at 4 months. Gradual return to run at 6 months.

Medical equipment: Rigid/Dynamic taping

Weight Bearing: Weight Bearing: WBAT while following step limitations. Patient may begin ambulation without surgical boot at 12 weeks (per surgeon clearance)

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:

Bayar B, Erel S, Simsek IE, Sumer E, Bayar K. The effects of taping and foot exercises on patients with hallux valgus: a preliminary study. *Turk J Med Sci.* 2011;41(3):403-409.

Bunion: Strengthening foot muscles to reduce pain and improve mobility. *J Orthop Sports Phys Ther* 2016;46(7):606

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