

Forefoot Reconstruction/ 1st MTP fusion

| Phase | Restrictions & Precautions | Physiotherapy Intervention | Rehabilitation Goals |
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| Pre-operative | | | |
| 2-4+ WEEKS PRE-OPERATIVELY | Equipment: - Gait aid. - Post op sandal (Darco MedSurg Post op Shoe) – to be given at the time of surgery. | - Education RE: what to expect & what is expected of you post-operatively. - Education & practice RE: use of gait aid (as necessary), mobility, transfers, and stairs while maintaining post-op WB status. - Review immediate post-operative exercises. - Education re: benefits of strengthening & cardio pre-operatively. | - Prepare for post-op rehabilitation. - Safe ambulation, transfers and stairs with gait aid while maintaining post-op WB status. |
| Post-Operative | | | |
| IMMEDIATE POST-OP (0-3 WEEKS) | - Heel WBAT in post op sandal - Elevation of affected side in supine “ <i>Toes above the Nose</i> ”. - Do not get foot wet. | - AROM of hip and knee - Strengthening of hips, knees and core. - Education RE: use of gait aid (if appropriate), mobility, transfers, and stairs while maintaining heel WB status. | - Protect repair. - Promote incision healing. - Control pain and swelling. - Minimize loss of hip and knee ROM and strength. - Minimize loss of core strength. |
| Criteria to Progress: <ul style="list-style-type: none"> - Follow-up appointment with surgeon. - Staples/sutures removed. - Adequate pain control (< 5/10). | | | |
| INTERMEDIATE POST-OP (3-6 WEEKS) | - Heel WB in sandal. - If pins are present, do not get the foot wet. - Keep sandal on at all times. | - Continue with LE and core strengthening while maintaining WB status. - Scar mobilization once incision is fully healed. | - Protect repair. - Control pain and swelling. - Improve proprioception. - Minimize loss of hip and knee ROM and strength. |

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| | - Avoid post-exercise pain and swelling. | | - Minimize loss of core strength. - Normalize gait as much as possible. - Increase scar mobility. - Independence with home exercise program – to be performed daily. |
| Criteria to Progress: - Adequate pain control (<3/10). | | | |
| LATE POST-OP (6-12 WEEKS) | - Gradually wean out of sandal - Avoid post-exercise pain and swelling. | - Commence ROM and strengthening exercises for the foot and ankle. - Talocrural and subtalar mobilizations as appropriate. - Proprioception (joint position sense). - Bilateral and unilateral balance exercises. - Continue with core and hip/ knee strengthening exercises. - Stationary cycling and other aerobic machines as tolerated. - Swimming/pool jogging if incision healed | - Continue to protect repair. - Normalize gait. - Restore proprioception. - Restore full ankle ROM and strength. |
| Criteria to Progress: - No post-exercise pain and swelling. - Normalized gait pattern without gait aid. - Adequate joint position sense (< 5 degree error). | | | |
| TRANSITIONAL (12-20+ WEEKS) | - Avoid post-exercise pain and swelling. | Progressive ROM, strengthening and balance exercises. | - Progress ankle and LE strengthening. - Normalize functional movements. |

WB- Weight bearing
 WBAT – Weight bearing as tolerated
 ROM – Range of motion
 LE – lower extremity



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