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Forefoot Reconstruction/ 1st MTP fusion

Phase	Restrictions & Precautions	Physiotherapy Intervention	Rehabilitation Goals
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.
<i>Criteria to Progress:</i>			
<ul style="list-style-type: none"> - <i>Follow-up appointment with surgeon.</i> - <i>Staples/sutures removed.</i> - <i>Adequate pain control (< 5/10).</i> 			
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.
<p><i>Criteria to Progress:</i></p> <ul style="list-style-type: none"> - Adequate pain control (<3/10). 			
LATE POST-OP (6-12WEEKS)	- 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.
<p><i>Criteria to Progress:</i></p> <ul style="list-style-type: none"> - 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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