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Post-Operative Protocol: Hallux Valgus – MIS

PRE-OPERATIVE			
PRE-OP (2-4+ WEEKS)	RESTRICTIONS & PRECAUTIONS	PHYSIOTHERAPY INTERVENTIONS	REHABILITATION GOALS
	None	<ul style="list-style-type: none"> - Education RE: what to expect & what is expected of you post-operatively - Education & practice RE: use of gait aid, mobility, transfers, and stairs while maintaining post-op WB status - Education re: benefits of strengthening & cardio pre-operatively - Practice heel walking in surgical boot - Review immediate post-operative exercises 	<ul style="list-style-type: none"> - Prepare for post-op rehabilitation - Procure equipment for post-op rehabilitation <ul style="list-style-type: none"> - Gait aid - Surgical Shoe - Safe ambulation, transfers and stairs with gait aid while maintaining post-op WB status
POST-OPERATIVE			
IMMEDIATE POST-OP (0-2 WEEKS)	RESTRICTIONS & PRECAUTIONS	PHYSIOTHERAPY INTERVENTIONS	REHABILITATION GOALS
	<ul style="list-style-type: none"> - NWB - Elevation of affected side in supine <i>"Toes above the Nose"</i> <i>*50+ minutes elevation/hour with a MAXIMUM 2 hours/day non-elevated until follow-up with surgeon</i> - Surgical shoe stays on for sleep - Do not get the foot wet - Do not change bandage <i>*Blood drainage through bandage can occur</i> 	<p>MOBILITY</p> <ul style="list-style-type: none"> - AROM of hips and knees <i>*Ankle if able to through splint/bandage</i> <p>STRENGTH</p> <ul style="list-style-type: none"> - Strengthening of hips, knees and core while maintaining NWB status <p>OTHER</p> <ul style="list-style-type: none"> - Education RE: use of gait aid, mobility, transfers, and stairs while maintaining NWB status 	<ul style="list-style-type: none"> - Control pain and swelling - Minimize loss of core strength - Minimize loss of hip and knee ROM and strength - Promote incision healing - Protect repair - Safe ambulation, transfers and stairs with gait aid while maintaining NWB status
<p>Criteria to Progress:</p> <ul style="list-style-type: none"> - Follow-up appointment with surgeon - Staples/sutures and bandage/splint removed - Adequate pain control (< 5/10) 			

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INTERMEDIATE POST-OP (3-6 WEEKS)	RESTRICTIONS & PRECAUTIONS	PHYSIOTHERAPY INTERVENTIONS	REHABILITATION GOALS
	<i>*Continue with Physiotherapy Interventions from immediate post-op phase as appropriate</i>		
	<ul style="list-style-type: none"> - WBAT through heel only - Avoid direct manual pressure on healing incision - Avoid compression stocking/wrap/sleeve - May remove surgical shoe for sleep - Permitted to shower - Activity as tolerated but continue to elevate when able - Avoid post-exercise pain and swelling 	<p>MOBILITY</p> <ul style="list-style-type: none"> - 4-way ankle ROM - Ankle joint mobilizations - 1st MTP AROM/PROM within comfortable limits <p>STRENGTH</p> <ul style="list-style-type: none"> - 4-way ankle strengthening - Intrinsic foot strengthening <p>OTHER</p> <ul style="list-style-type: none"> - Scar mobilization once incision is fully healed - Pool exercises once incision is fully healed - Stationary/Recumbent cycling - <i>Avoiding pressure on the forefoot</i> - Therapeutic modalities as deemed appropriate by physiotherapist 	<ul style="list-style-type: none"> - Increase ROM of 1st MTP and ankle - Restore foot and ankle strength - Increase scar mobility - Restore/maintain cardiovascular endurance - Protect repair - Control pain and swelling - 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) - Minimal swelling - Incision fully healed 			
LATE POST-OP (7-14 WEEKS)	RESTRICTIONS & PRECAUTIONS	PHYSIOTHERAPY INTERVENTIONS	REHABILITATION GOALS
	<i>*Continue with Physiotherapy Interventions from intermediate post-op phase</i>		
	<ul style="list-style-type: none"> - No WB restrictions - Avoid post-exercise pain and swelling - Supportive shoes - Avoid compression stocking/wrap/sleeve 	<p>MOBILITY</p> <ul style="list-style-type: none"> - Joint mobilizations to foot and ankle as appropriate <p>STRENGTH</p> <ul style="list-style-type: none"> - Standing heel raises as tolerated <p>OTHER</p> <ul style="list-style-type: none"> - Emphasize push-off phase of gait re-training - Proprioception, balance, and neuromuscular control exercises - Cycling 	<ul style="list-style-type: none"> - Full ROM of foot and ankle - Normalize gait pattern - Restore balance and proprioception in all planes - Gradual increase to Full WB as tolerated - Gradual increase in activity as tolerated
<p><i>Criteria to Progress:</i></p> <ul style="list-style-type: none"> - Normalized gait pattern without gait aid - > 90% LSI Y-balance test and LE strength 			

AROM – Active Range of Motion
ROM – Range of Motion

MTP – Metatarsophalangeal
WB – Weight Bearing

NWB – Non-Weight Bearing

PROM – Passive Range of Motion

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TRANSITIONAL (15-20 WEEKS)	RESTRICTIONS & PRECAUTIONS	PHYSIOTHERAPY INTERVENTIONS	REHABILITATION GOALS
	<i>*Continue with Physiotherapy Interventions from late post-op phase as appropriate</i>		
	- Avoid shoes with narrow toe box	MOBILITY - As per previous phase STRENGTH - Single leg balance and strengthening on stable and unstable surfaces OTHER - Sport specifics	- Transition into less supportive shoes if desired by patient - Full lower extremity strength/ability - Return to all activities - No high impact sports (running or jumping) until 20+ weeks

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Standing Heel Raise Progression

- 25 repetitions needed to progress
 - o Bipedal standing heel raises with 25% body weight on affected side
 - o Bipedal standing heel raises with 50% body weight on affected side
 - o Bipedal standing heel raises with 75% body weight on affected side
 - o Bipedal standing heel raises with single leg lowering on affected side
 - o Single leg heel raises

Y-Balance Test

- Patient stands on one leg while reaching out in 3 different directions with the contralateral leg (Directions are anterior, posteromedial, and posterolateral)
- 3 trials in each of the 3 directions for each foot are collected and the maximum reach in each direction is used for analysis