Hallux Valgus (Bunion) Correction
Post Operative Rehabilitation Protocol

Operative Summary
A surgical correction to straighten the toe is performed by sawing, shifting, then fixing (with screws) the bone. This will be performed under an ankle anaesthetic block, numbing the entire foot. A general anaesthetic or sedation may also be used, according to your preference.

Day of Operation (week 1)
Strict elevation
Rigid post-operative sandal - mobilise full weight bearing (with 2 crutches only if needed)
Home the same day
Some bleeding may to be seen through bandage, (this is normal)
Move toes, ankle, knee and hip
Regular (3-4 times/day) pain relief (Codeine and Diclofenac) once discomfort begins (after ankle anaesthetic block wears off, approximately 6-12 hours after surgery)

Weeks 1 – 2 Post Operatively
Strict elevation at the level of the chest, for 23 hours a day for 14 days (for pain relief, swelling and wound healing)
Regular (3-4 times/day) pain relief (Codeine and Diclofenac)
Full weight bearing in post operative sandal (can be removed at night, but put back on when walking)
Sleep with leg on 2 pillows
Keep bandage on and keep dry
Ice for 10 minutes every hour, on top of bandage
Move toes, ankle, knee and hip
Straight leg raises

Week 3 Post Operatively (after 2 weeks completed)
Clinic review by Mr Gordon - Bandage removed, wound inspected, stitches removed, XR taken
Continue elevation at the level of the heart when not walking, especially at the end of the day
Start Rehabilitation Exercises (see below, 5 times / day)
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Week 6
Outpatient visit - Pain, swelling and movement assessed
Post operative sandal removed and normal shoe worn (will need to be a generous fit).
Continue rehabilitation exercises

Month 3-6
Outpatient visit as required - Pain, swelling and movement assessed.
Shoe fitted reviewed
Continue rehabilitation exercises

Rehabilitation Exercises - After 2 weeks Post Operatively (5 times / day)

Big Toe Joint Exercises : Aim – To restore big toe joint movements
1. Seated heel raises x 20: Sit with foot flat on floor, knees bent 90⁰ keeping toes on floor, raise heel to the limit of pain and return
2. Toe lifts x 20: Sit with foot flat on floor, raise toe as far as possible to ceiling and return
3. Toe bends x 20: Sit with toes resting over the edge of a phone book, bend toes towards the floor
4. Toe pulls x20: Pull toe up with hand to pain and hold for 3 seconds, relax
5. Toe pushes x 20: Push toe down with hand to pain and hold for 3 seconds, relax

Rehabilitation Exercises - After 6 weeks Post Operatively (5 times / day)

6. Standing both heel raises x 20: Stand close to a wall for balance, raise heel to the limit of toe pain and hold for 3 seconds
7. Standingsingle heel raises x 20: Stand close to a wall for balance, stand on one leg, raise heel to the limit of toe pain and hold for 3 seconds
8. Continue exercise 3, 4 and 5

Ankle and Calf Exercises : Aim – To maintain muscle tone, strength and mobility
Ankle and Calf: ankle plantar flexion (tip toe position) and dorsiflexion (bring foot up), strengthening of the peroneal muscles (bring foot out to the side)
Gait training: Optimise load distribution for the whole foot focusing on weight bearing of the first MTP (big toe) joint and hallux (big toe)

Returning to Work
Sedentary jobs: Return after 2 weeks, if able to maintain foot elevated at level of waist, otherwise 4 weeks off
Standing/walking jobs: Return after 6 weeks, but may be sooner depending on comfort and swelling
Manual/labouring jobs: Return after 8 weeks, but may be sooner depending on comfort and swelling

Driving
You need to be able to control the vehicle in an emergency. Can you stamp your foot down on the ground? For left sided surgery and no clutch is required, driving is probably safe at 2 weeks post operatively. For right sided surgery, driving is probably safe at 6 weeks post operatively, once in a normal shoe. If you are unsure, please ask Mr Gordon.
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Before Surgery (left) and After (right) XRs. Little toe ‘Bunionette’ correction also performed

References
Rehabilitation After Hallux Valgus Surgery: Bearing of the First Ray During the Stance Phase Importance of Physical Therapy to Restore Weight, Schuh et al, PHYS THER. 2009; 89:934-945