



## Bunion Correction Surgery Rehabilitation Protocol



### Summary:

Bunion correction surgery realigns the bones, ligaments, and tendons of the big toe to restore normal positioning and relieve pain. This protocol outlines a typical rehabilitation pathway to support healing, regain mobility, and safely return to daily activities.

### Rehabilitation Goals

- Protect the surgical site and promote optimal healing
- Reduce pain and swelling
- Restore range of motion (ROM) and strength
- Return to full functional activities
- Prevent recurrence or complications



## **Expected Recovery Time**

<b>Milestone</b>	<b>Timeframe Range</b>
Initial wound healing	10–14 days
Start weight-bearing (partial)	2–6 weeks
Full weight-bearing	6–10 weeks
Return to normal footwear	8–12 weeks
Return to low-impact activity	10–14 weeks
Full return to activity/sport	4–6 months

### **Phase 1: Early Post-op (0–2 weeks)**

#### **Goals:**

- Protect surgical site
- Minimize swelling and pain
- Initiate gentle movement

#### **Instructions:**

- Keep foot elevated above heart level as much as possible
- Use prescribed post-operative shoe or boot
- Ice regularly (15–20 minutes, 3–4x/day) using a cloth barrier
- Keep incision dry and clean
- No weight-bearing on the surgical foot unless instructed

#### **Exercises:**

- Ankle pumps (10–20 reps, every hour while awake)
- Toe wiggling (gently, if permitted)
- Isometric quadriceps and glute squeezes



## **Phase 2: Protected Mobilization (2–6 weeks)**

### **Goals:**

- Begin safe mobilization
- Continue to manage pain and swelling
- Start gentle toe movement

### **Instructions:**

- Begin partial weight-bearing as advised, using crutches or walker
- Wear post-op boot or stiff-soled shoe at all times
- Continue icing and elevation as needed
- Monitor incision for signs of infection

### **Exercises:**

- Continue ankle pumps and isometric exercises
- Begin gentle active range of motion (AROM) of the big toe (unless restricted)
- Seated towel curls and marble pickups (as tolerated)

## **Phase 3: Functional Recovery (6–10 weeks)**

### **Goals:**

- Transition to full weight-bearing
- Improve foot mobility and strength
- Begin gait training

### **Instructions:**

- Transition out of boot into stiff-soled or wide-toe box shoes as tolerated
- Begin gentle stretching of calf and foot muscles
- Continue edema control techniques if swelling persists

### **Exercises:**

- Toe flexion/extension stretches
- Intrinsic foot muscle strengthening (e.g., towel scrunches)
- Standing heel raises
- Seated balance work (e.g., sit-to-stand transitions)



## **Phase 4: Advanced Strengthening & Function (10–16 weeks)**

### **Goals:**

- Restore full strength and range of motion
- Normalize walking pattern
- Begin return to light activity

### **Instructions:**

- Gradually increase activity duration and intensity
- Use proper footwear with good arch support and wide toe box
- Avoid high-impact activities

### **Exercises:**

- Resistance band exercises for ankle and foot
- Standing balance and proprioception (e.g., single-leg stand)
- Step-ups and mini-squats
- Begin low-impact cardio (cycling, swimming, elliptical)

## **Phase 5: Return to Activity (4–6 months)**

### **Goals:**

- Safely resume full function and desired physical activity
- Maintain strength and flexibility
- Prevent re-injury

### **Instructions:**

- Resume sports or high-impact activity only with clearance
- Continue home exercise program for long-term maintenance
- Monitor for signs of overuse or discomfort

### **Exercises:**

- Sport-specific drills as appropriate
- Progressive loading exercises (e.g., hopping, jogging)
- Continued strengthening, balance, and mobility routines



## **When to Contact Your Surgeon**

Contact your surgeon immediately if you experience:

- Increased redness, swelling, or drainage from the incision
- Fever over 38°C
- Persistent or worsening pain not relieved by medication
- Numbness, tingling, or discoloration in the foot
- Difficulty bearing weight beyond the expected timeframe

## **Disclaimer**

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.