



## Morton's Neuroma Rehabilitation Protocol



Morton's neuroma excision is a surgical procedure performed to remove an enlarged nerve (neuroma) typically located between the third and fourth toes of the foot. The procedure aims to relieve pain, burning, and numbness associated with the neuroma. Post-operative rehabilitation is essential to ensure optimal healing, restore function, and prevent complications.

### See Also

[Morton's neuroma](#)

[Morton's neuroma removal](#)

### Rehabilitation Goals

- Protect the surgical site and promote healing
- Reduce pain, swelling, and inflammation
- Restore full range of motion (ROM)
- Regain strength and balance
- Return to normal activities and prevent recurrence



## Expected Recovery Time

Milestone	Timeframe Range
Wound healing	2-3 weeks
Walking without assistive devices	3-6 weeks
Return to normal shoes	6-8 weeks
Resumption of low-impact activities	8-10 weeks
Full recovery with unrestricted activities	12-16 weeks

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

### *Goals*

- Protect surgical site
- Control pain and swelling
- Prevent infection
- Maintain mobility in non-involved joints

### *Instructions*

- Keep dressing clean, dry, and intact
- Elevate the foot above heart level as much as possible
- Use prescribed pain medication and/or anti-inflammatories
- Apply ice packs (wrapped in a cloth) for 15-20 minutes, 3-4 times daily
- Use crutches or walker if advised
- Avoid weight bearing unless instructed otherwise

### *Exercises*

- Ankle pumps: 10-15 reps, several times daily
- Toe wiggles (if permitted and pain-free): gentle movements to prevent stiffness
- Quadriceps and gluteal sets to maintain lower limb strength



## Phase 2: Intermediate Post-op (2-6 weeks)

### *Goals*

- Gradually increase weight bearing
- Continue to control swelling and pain
- Initiate gentle range of motion

### *Instructions*

- Transition to partial then full weight bearing as advised
- Wear post-operative shoe or stiff-soled shoe
- Continue to elevate foot as needed
- Avoid prolonged standing or walking

### *Exercises*

- Gentle toe range of motion exercises
- Seated towel scrunches (begin at 4 weeks if tolerated)
- Ankle circles and calf stretches
- Seated foot alphabet
- Continue ankle pumps

## Phase 3: Strengthening and Mobility (6-10 weeks)

### *Goals*

- Restore full weight bearing without pain
- Improve flexibility, strength, and balance
- Return to normal footwear

### *Instructions*

- Begin transitioning to regular supportive shoes
- Avoid high-impact activities
- Continue home exercises daily

### *Exercises*

- Standing calf stretches
- Towel scrunches and marble pickups
- Balance exercises (single-leg stand on stable surface)
- Gentle stationary cycling or swimming
- Progress to light resistance band exercises for ankle and foot muscles



## Phase 4: Functional Recovery (10-16 weeks)

### *Goals*

- Full return to daily and recreational activities
- Maintain strength and flexibility
- Prevent recurrence of symptoms

### *Instructions*

- Gradually resume higher impact activities as tolerated
- Monitor for any recurrence of symptoms
- Wear properly fitting footwear with appropriate arch support

### *Exercises*

- Advanced balance exercises (unstable surfaces, eyes closed)
- Progression to dynamic strengthening exercises
- Light jogging or elliptical (after surgeon clearance)
- Sport-specific drills if applicable

## When to Contact Your Surgeon

- Signs of infection (increased redness, warmth, swelling, or drainage)
- Persistent or worsening pain not relieved by medication
- Numbness, tingling, or new neurological symptoms
- Wound reopening or delayed healing
- Any concerns about your progress or unusual symptoms

## Disclaimer

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