

Phase 1

0-2 weeks: NWB, crutches/knee scooter, no ROM of 1st MPT, gentle ankle pumps

2-6 weeks: Heel weight bearing in post-op shoe weaning from crutches between 3-4 weeks, gentle 1st MTP ROM, able to pump ankle up and down, use compression (ACE bandage or compression sock) to help with swelling, begin desensitization exercises to help with numbness and tingling (neuropathic symptoms)

Phase 2

6-8 weeks: full weight bearing as tolerated out of boot in supportive shoes such as Hoka tennis shoes or Birkenstock sandals, ROM in all planes as tolerated, emphasize 1st MTP and toe ROM. Continue with compression and desensitization exercises. Stationary bike, swimming/pool work, other non-impact cardio

8-10 weeks: full weight bearing as tolerated out of boot in supportive shoes, ROM in all planes as tolerated, emphasize 1st MTP and toe ROM. Continue with compression and desensitization exercises. Work on scar mobilization with vitamin E oil, incorporate heel raises progressing bilateral to unilateral. May begin low impact cardio, bike with increased resistance, elliptical, row ergometer, swimming/pool work, walking program once normalized gait mechanics.

Phase 3

10-12 weeks: full weight bearing as tolerated in supportive shoes and working on ROM of great toe and foot. Continue with compression and desensitization exercises. May begin increasing walk/jog program at 12 weeks as functionally appropriate.

Phase 4

12-16+ weeks: Advanced strength and proprioception, linear running, jumping and plyometric progressions, submaximal sport specific progressions – cutting, pivoting, change of direction, acceleration/deceleration. Advanced sport progressions 3 months + when functionally appropriate and cleared by MD/PT. Anticipate full return to sport in 3-4 months.