

Post-Operative Protocol: Hammertoe Correction

Phase 1

0-2 weeks: NWB, crutches/knee scooter, no ROM of operative toe(s), gentle ankle pumps

2-6 weeks: Heel weight bearing in post-op shoe weaning from crutches around 4 weeks post-operatively, able to pump ankle up and down, use compression (ACE bandage or compression sock) to help with swelling. Pin(s) will remain in until the 6 week post-operative mark so ensure that you are not hitting the toe or pin up against anything. You want to avoid jamming the pin in further and avoid having the pin back out. You may be instructed to use a budin splint during this time to help with pulling down the hammertoe to allow it to sit in a more anatomical position and overall help with healing.

Begin desensitization exercises to help with numbness and tingling (neuropathic symptoms)

Desensitization Exercises

After an injury or surgery, it is common for an area to develop increased sensitivity. This may result in discomfort when everyday objects touch the area. Desensitization is a treatment to decrease sensitivity by exposing the area to various textures and pressures. Once your incision is healed, you may begin exercises as recommended by your therapist.

Exercises

1. Rub the sensitive area with fabrics of various textures. Begin with softer fabrics and progress to fabrics that are rougher.

Examples of fabrics:

- Cotton balls
- Cotton fabric
- Velcro hook
- Flannel
- Terry cloth
- Velcro loop

2. Tap along the sensitive area using a small dowel, eraser or fingertips. Slowly increase the pressure. Tap the sensitive area into a pillow or cushion.

3. Roll the area along a dowel, or roll of putty, or use an empty deodorant, lip balm or perfume bottle with a roller tip and roll the ball over the area.

4. Using a small massager or electric appliance (shaver/toothbrush), massage along the sensitive area.

5. If your foot/ankle requires desensitization, place your foot/ankle in a container filled with any of the following dry items:

- Rolled oats
- Rice
- Sand
- Dry beans

Perform each of the exercises for 10-15 seconds and progress to 1 minute. Perform every 2 hours during the day.

The more regularly this program is performed, the better the results.

Phase 2

6-8 weeks: full weight bearing as tolerated out of boot in supportive shoes such as Hoka tennis shoes or Birkenstock sandals. Avoid any stressful range of motion of your toes. You may be instructed to continue to use the budin splint to help with continued healing of your hammertoe deformity. 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. Continue with compression and desensitization exercises. Work on scar mobilization with vitamin E oil. 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. Continue with compression and desensitization exercises. May increase walking 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 around 3 months.