

# Cheilectomy Protocol

Week One	Weeks Two To Four
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> <li>➤ Assess ROM</li> <li>➤ Assess Edema</li> <li>➤ Gait (generally WBAT in post op shoe and crutches)</li> <li>➤ Assess RTW and sport expectations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Active range of motion</li> <li>➤ Edema</li> <li>➤ Gait FWB in regular tie up shoe or post op shoe, cane or crutch if needed.</li> <li>➤ Assess abnormal lower extremity biomechanics (specifically forefoot and first ray position/stability)</li> </ul>
Patient Education	Patient Education
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds: NSAID's OK</li> <li>➤ Reinforce use of post op shoe and crutches</li> <li>➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 4-6 weeks depending on how the patient presents)</li> <li>➤ <b>Strict ice and elevation for 2 days</b></li> <li>➤ <b>Shower with wrap</b></li> <li>➤ <b>No driving</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Sutures removed week 3</li> <li>➤ Ice and elevation if still swollen</li> <li>➤ Consider use of orthotic and or address appropriate footwear based on biomechanical assessment</li> </ul>
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> <li>➤ Initiate stationary bicycle</li> <li>➤ Wiggle toes</li> <li>➤ AROM ankle</li> <li>➤ SLR, Clamshells, Sidelying Hip Abduction</li> <li>➤ Seated heel raise</li> <li>➤ Toe lift and toe bend over edge of stool</li> <li>➤ Self PROM DF/PF toe</li> </ul>	<ul style="list-style-type: none"> <li>➤ Stationary bicycle</li> <li>➤ Standing heel raise: double and single</li> <li>➤ Ankle AROM</li> </ul>
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> <li>➤ Initiate PROM great toe week PF/DF</li> </ul>	<ul style="list-style-type: none"> <li>➤ STM incisions</li> <li>➤ Continue PROM great toe week PF/DF</li> <li>➤ Mobs first ray</li> </ul>
Modalities	Modalities
<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>
Goals	Goals
<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> <li>➤ Begin early PROM great toe</li> </ul>	<ul style="list-style-type: none"> <li>➤ RTW sedentary jobs with foot elevated at waist level</li> <li>➤ Resume driving</li> <li>➤ Discontinue crutches/cane</li> <li>➤ 70 degrees great toe DF</li> <li>➤ RTW week 4 stand/walk jobs</li> </ul>

<b>Weeks Four To Discharge</b>
<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Strength and balance</li> <li>➤ Hypersensitivity entire first ray or incision site</li> <li>➤ Edema and pain</li> </ul>
<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Prostretch</li> <li>➤ BAPS in standing</li> <li>➤ Sidelying eversion PRE to 8#</li> <li>➤ Jog at 12 weeks</li> <li>➤ Balance</li> <li>➤ Treadmill forwards and backwards</li> </ul>
<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Joint mobs first ray</li> </ul>
<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any as indicated</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ 6 weeks discontinue post op shoe</li> <li>➤ Gait with toe off</li> <li>➤ Hallux DF 65-70 degrees</li> <li>➤ RTW manual labor jobs week 6</li> </ul>

**REFERENCES:**

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Iqbal, MJ and Chana, GS: Arthroscopic Cheilectomy for Hallux Rigidus, Arthroscopy: The Journal of Arthroscopic & Related Surgery, April 1998

Mackay, D, Blyth, M and Rymaszewski, L: The Role of Cheilectomy in the Treatment of Hallux Rigidus, The Journal of Foot and Ankle Surgery, September 1997

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