

Post-Operative Protocol: Peroneal Tendon Repair

Phase I: Recovery (weeks 0-6)

Goals:

Weeks 0-2: Rest, Control Swelling and pain, Activities of daily living.

Weeks 3-6: Full weight bearing in cast or boot with no swelling.

Immobilization Device: Cast splint or boot

Weight bearing:

Weeks 0-2: Non-weight bearing in cast splint

Weeks 3-6: Eventually full weight bearing in cast or boot with no swelling.

Precautions/General Advice:

Weeks 0-2: Receive proper education about surgery, healing time, anatomy and phases of rehabilitation. Daily living activities encouraged. Rest and elevation to control swelling. Control pain. Sutures removed at 10-14 days.

Weeks 3-6: Shower with boot. Massage for swelling.

Exercises:

Weeks 0-2: ROM: Hip and knee active range of motion, Rest and elevation to control swelling.

Weeks 3-6: Elevation to control swelling as start to weight bearing. ROM: Gentle active range of motion: ankle and foot: plantar flexion/dorsiflexion and top flexion/extension (2x/day at 30 repetitions). No resisted or active eversion. Gentle active assisted inversion. Passive eversion ok.

May also consider initiation of open kinetic chain strengthening; begin with theraband level 1-2, 1-2 sets of 10 in each direction, 1 time/day, at 3 weeks post-op. Progress as tolerated.

Strengthening: Core, hip and knee strengthening

Core exercises: abdominal recruitment, bridging, ball reach, arm pulleys/theraband in proprioceptive neuromuscular facilitation patterns.

Hip: clam, sidelift, gluteus maximus, straight leg raise

Knee: straight leg raise, theraband press, Stretch gluteus maximus, gluteus medius, piriformis, rectus abdominis, hamstrings

Cardiovascular activity: Progress to stationary bicycle in boot around week 3

Phase II: Rehabilitation (weeks 7-12)

Goals:

Weeks 7-10: Full weight bearing without boot with no swelling. Full plantar flexion and dorsiflexion.

Weeks 11-12: Full active range of motion ankle and foot, Normal gait pattern

Immobilization Device:

Wear from walker boot by +/- week 8 to a lace-up brace. Use an ankle brace during daytime.

Precautions:

Control swelling with elevation and modalities as required

Exercises:

Weeks 7-10: ROM: Active range of motion ankle and foot in all directions: gentle inversion and eversion, Mobilization of foot and ankle in directions that do not directly stress repair, Muscle stimulation to intrinsics, invertors and evertors as necessary, Continue with: core exercises, hip and knee strengthening, Gait retraining: correct knee hyperextension and hip rotation that may occur due to wearing boot. Cardiovascular Activity: Stationary bike

Weeks 11-12: Add core exercises: strengthening in standing, strengthening:

Hip: Strengthening single leg with resistance,

Knee: Leg press

Ankle: Toe raises through range. Inversion/eversion against resistance through range, Manual mobilization, Start proprioception and balance

Phase III: Restoration (weeks 13-16)**Goals:**

Full functional range of motion, All movements in weight bearing, Good balance on surgical side on even surface, Near full strength lower extremity

Exercises:

Proprioception: Single leg, even surface, Single leg, even surface, resistance to arms or non-weight bearing leg, Double leg stance on wobble board, Sissel, Fitter, Single leg stance on wobble board or Sissel

Strengthening: Toe raises, Lunges, Squats, Hopping (14+ weeks), Running (14+ weeks), Bench jumps (14+ weeks)

Manual mobilization to attain normal glides and full physiological range of motion.

Phase IV: Return to Play (Weeks >16)

Goals: Full function, Good endurance

Exercises: Continue building endurance, strength and proprioception, Plyometric training.