



Peroneal Tendon Repair Post-Operative Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement.

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time! Swelling may be on-going for 6 months to a year following surgery.

FOR PATIENTS

Recovery at a glance:

- “Early / Mild” = Peroneal tendon problems only (if undergoing surgery for more advanced problems or associated deformity see “Cavus Foot Reconstruction Rehabilitation Protocol)
- Non-weight bearing for 2 weeks in a boot, followed by 6 weeks of protected weight bearing in a boot
- Begin physical therapy 3-4 weeks post op
- Transition to regular shoe wear as tolerated at 8 weeks post op
- At 6 months anticipate considerable improvement
- One year for maximal improvement

FOR PHYSICAL THERAPISTS:

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-2

Goals

- Rest
- Control swelling and pain
- Activities of daily living

Guidelines

- Non weight bearing in cast or boot
- Sutures removed at 10 to 14 days
- Education: surgery, healing time, anatomy, phases of rehabilitation
- Encourage activities of daily living
- Rest and elevation to control swelling
- Control pain
- Hip and knee active range of motion

Phase II: Week 3-6

Goals

- At week 3, may put foot down for balance and standing, but no walking yet
- Full weight bearing in boot starting week 4.

Guidelines

- Shower without boot
- Elevation to control swelling
- Start to weight bearing



- Massage for swelling
- Starting week 3: Gentle active range of motion: ankle and foot: plantar flexion / dorsiflexion / inversion / and toe flexion / extension (2x/day @ 30 repetition)
- **NO active eversion**
- Progress to stationary bicycle in boot

Phase III: Week 7-10

Goals

- Full weight bearing without boot
- Full plantar flexion and dorsiflexion

Guidelines

- **Wean from walker boot by end of week 6**
- Use an ankle brace during daytime
- Control swelling with elevation and modalities as required
- Stationary bike
- Active range of motion ankle and foot in all directions: gentle inversion & eversion
- Mobilization of foot and ankle in directions that do not directly stress repair (continue to avoid aggressive active eversion and passive inversion)
- Muscle stimulation to intrinsics, invertors and evertors as necessary

Phase IV: Week 11-12

Goals

- Full active range of motion ankle and foot
- Normal gait pattern

Guidelines

- Manual mobilization
- Start proprioception and balance
- Continue Phase III rehab

Phase V: Week 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

Guidelines

- Emphasize 1. 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
- Strength: 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 VI: Week 16+

Goals

- Full function • Good endurance

Guidelines

- Continue building endurance, strength and proprioception, plyometric training