

REHABILITATION GUIDELINES FOR ANKLE: PERONEAL TENDON REPAIR

PHASE I (0-6 WEEKS POST-OP)	DATES:
Appointments	<ul style="list-style-type: none"> MD follow-up for post op removal of stiches 10 days Physical Therapy beginning at 4 weeks post-op
Rehabilitation Goals	<ul style="list-style-type: none"> Early ROM starting at 4 weeks post-op to prevent adhesions and scarring of tendon repair Decreased edema and pain Protection to repair with weight bearing precautions
Precautions	<ul style="list-style-type: none"> NWB x 4 weeks; PWB 50% x 2 weeks AROM beginning at 4 weeks post op (NO AROM Eversion till 6 weeks post-op) CAM Walker Boot x 6 weeks
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Ankle AROM exercises (alphabet, dorsiflexion, plantarflexion, inversion) Supine 4-way leg raises for hip strength Glut med and Glut max strength NWB positions E-stim to peroneal muscle with isometric contraction 4-6 weeks post-op start seated calf raises, arch lifts, toe yoga exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> Seated upper extremity bike for cardio 4-6 weeks post-op pool gait training in chest deep water
Progression Criteria	<ul style="list-style-type: none"> ROM 75% of full (exception eversion to neutral only) Minimal swelling and pain with exercise in phase 1

PHASE II (6-12 WEEKS POST-OP)	DATES:
Appointments	<ul style="list-style-type: none"> MD follow-up at 6 weeks post-op Continue with therapy 2-3 times a week
Rehabilitation Goals	<ul style="list-style-type: none"> Normalize gait pattern Full AROM Strength progression ankle (except no resistance to eversion x 12 weeks)
Precautions	<ul style="list-style-type: none"> Progress to Full Weight Bearing at 6 weeks in supportive shoes; discontinue CAM Walker

	<ul style="list-style-type: none"> • No resistance to eversion x 12 weeks • Begin balance and proprioception at 8-10 weeks bilateral stance only • Avoid peroneal tendonitis
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Theraband ankle strength progression (except no resistance to eversion) • Standing calf raises • Standing bilateral balance on level surface with support progressing to no support • ROM with manual resistance with focus on proper movement patterns (no resistance to eversion) • Progress to mini-squats and mini-lunges on level ground
Cardiovascular Exercises	<ul style="list-style-type: none"> • Continue pool walking until gait pattern normalizes • Bike with light to no resistance
Progression Criteria	<ul style="list-style-type: none"> • Normal gait pattern • Minimal swelling and pain with walking and exercises • Full ROM

PHASE III (12-24 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> • MD follow-up at 12 weeks • Return to Sport > 24 weeks • Continue with physical therapy 1-2x week progressing to 1x week as needed
Rehabilitation Goals	<ul style="list-style-type: none"> • Strengthen peroneal muscles now with resistance • Gain balance and proprioception in single leg static progressing to dynamic activities • Slow return to running by 24 weeks if pain free normal gait pattern is established • Return to sport > 24 weeks only after return to sport test performed.
Precautions	<ul style="list-style-type: none"> • No sports specific drills till > 24 weeks • Avoid peroneal tendonitis with strength progression \
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Single leg stance on even surface progressing to uneven surface • Begin eccentric calf raises progressing to single calf raise • Proprioceptive and balance progression on single leg stance • Glut med and Glut max strength in single leg stance • Gait analysis for proper LE activation patterns. • Start bilateral plyometric training closer to end of phase
Cardiovascular Exercises	<ul style="list-style-type: none"> • Bike with resistance • Walking and return to running progression
Progression Criteria	<ul style="list-style-type: none"> • Return to sport test passed prior to return to specific sport

References: KSSTA journal (2016) 24:1165-1174; Rehabilitation after surgical treatment of peroneal tendon tears and ruptures; Pim A.D. van Dijk, Bart Lubberts, Claire Verheull, Christopher W. DiGiovanni, Gino M. M. J. Kerkhoffs

PT name and date: Julie Perumal

MD name and date:



MAMMOTH ORTHOPEDIC INSTITUTE

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.924.4084
162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.7766

SIERRA PARK PHYSICAL AND OCCUPATIONAL THERAPY

85 Sierra Park Road ▪ Mammoth Lakes, CA 93546 ▪ 760.934.7302
162 South Main Street ▪ Bishop, CA 93514 ▪ 760.872.2942