

REHABILITATION GUIDELINES FOR ANKLE: PERONEAL TENDON REPAIR

PHASE I (0-6 WEEKS POST-OP)

DATES:

Appointments	- MD follow-up for post op removal of stitches 10-14 days - Physical Therapy beginning at 2 weeks post-op
Rehabilitation Goals	- Early ROM starting at 2 weeks post-op to prevent adhesions and scarring of tendon repair - Decreased edema and pain - Protection to repair with weight bearing precautions
Precautions	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	- 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	- Seated upper extremity bike for cardio 4-6 weeks post-op pool gait training in chest deep water
Progression Criteria	- 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	• MD follow-up at 6 weeks post-op • Continue with therapy 2-3 times a week
Rehabilitation Goals	• Normalize gait pattern • Full AROM • Strength progression ankle (except no resistance to eversion x 12 weeks)
Precautions	• Progress to Full Weight Bearing at 6 weeks in supportive shoes; discontinue CAM Walker • No resistance to eversion x 12 weeks • Begin balance and proprioception at 8-10 weeks bilateral stance only • Avoid peroneal tendonitis
Suggested Therapeutic Exercises	• 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	• Continue pool walking until gait pattern normalizes • Bike with light to no resistance
Progression Criteria	• Normal gait pattern • Minimal swelling and pain with walking and exercises • Full ROM

PHASE III (12-24 WEEKS)**DATES:**

Appointments	• MD follow-up at 12 weeks • Return to Sport > 16 weeks • Continue with physical therapy 1-2x week progressing to 1x week as needed
Rehabilitation Goals	• Strengthen peroneal muscles now with resistance • Gain balance and proprioception in single leg static progressing to dynamic activities • Slow return to running by 16-24 weeks if pain free normal gait pattern is established • Return to sport > 16 weeks only after return to sport test performed.
Precautions	• No sports specific drills till > 16 weeks • Avoid peroneal tendonitis with strength progression \
Suggested Therapeutic Exercises	• 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	• Bike with resistance • Walking and return to running progression
Progression Criteria	• 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

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