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REHABILITATION GUIDELINES FOR ANKLE:

PERONEAL TENDON REPAIR

PHASE I (*0-6 WEEKS POST-OP*)	DATES:
Appointments	• MD follow-up for post op removal of stiches 10 days • Physical Therapy beginning at 4 weeks post-op
Rehabilitation Goals	• 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	• **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 > 24 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 24 weeks if pain free normal gait pattern is established • Return to sport > 24 weeks only after return to sport test performed.
Precautions	• No sports specific drills till > 24 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, Chistopher W. DiGiovanni, Gino M. M. J. Kerkhoffs

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