

PERONEAL TENDON RECONSTRUCTION REHABILITATION 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. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to IBJI at 847-234-2090****

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

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Guidelines

- Non weight bearing in cast or boot
- Sutures removed at 14 to 21 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

- Full weight bearing in cast or boot with no swelling (early stage)

Guidelines

- Shower without boot
- Elevation to control swelling
- Start to weight bearing
- Massage for swelling
- 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 dorsi flexion

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Guidelines

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

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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