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ORTHOPEDIC SURGERY AND SPORTS MEDICINE

Rehab Protocol Peroneal Tendon debridement or Repair,

General Treatment Guidelines

- The goal of this surgery is to alleviate pain and return you to full strength in the shortest amount of time.
- This surgery will remove scar tissue and/or repair torn or partially torn peroneal tendons. It may involve deepening the bony groove in which the tendons glide.
- Active participation in physical therapy is critical to a successful surgical outcome.
- You will NOT be allowed to bear weight on the ankle for 2 weeks after surgery.
- NO active ankle eversion movement for 6 weeks after surgery in order to protect the superior peroneal retinaculum. This is what keeps the tendons in their groove.
- No cutting sports (racquetball, soccer, tennis, etc.) or strenuous running for 4 months following surgery.

Immediately Following Your Surgery

Post Surgery Course

- The ankle will be wrapped in a soft cast (splint) with lots of padding.
- It is important to ice and elevate, take pain medication, and rest during this period.
- No weight bearing is allowed on the operative ankle.

2 Weeks (approximately)

- First post-operative appointment.
- Your soft cast will be taken off and your sutures will be removed (if your incision is adequately healed).
- You will be placed in a boot with your ankle in a neutral to prevent a large amount of range of motion.
- Progressive weight bearing is allowed in the boot (NO weight bearing allowed unless boot is worn). Continue crutches, walker, or knee scooter as necessary in order to advance weight bearing.
- You are encouraged to remove the boot periodically throughout the day to perform seated active ankle flexion & extension (up and down) exercises. This prevents unwanted adhesion and scarring.
- NO active ankle eversion movement allowed.

4 weeks

- Physical therapy is started.
- Physical therapy will focus on regaining ankle motion (still no active ankle eversion allowed).
- Full weight bearing now allowed in the boot. Continue boot, as instructed.
- Discontinue assist device (walker, crutches, knee scooter, etc). May use for long distance walking/travel etc.
- Passive/active ankle inversion & passive ankle eversion exercises started under guidance of your therapist.
- Modalities per therapist.

6 Weeks

- Wean out of boot.
- Active ankle eversion permitted under guidance of your therapist.
- Continue range of motion exercises (goal is full range of motion in all planes by 12 weeks post-surgery).
- Stationary bike with added resistance.
- Avoid walking on uneven or rocky terrain.
- Modalities per therapist.
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8 Weeks

- Peroneal strengthening exercises advanced as tolerated under guidance of therapist.
- Light jogging and other exercise activities, such as squatting and weight-lifting permitted.
- Continue to increase your activity as tolerated.
- Balance/proprioception.

3 Months

- OK to begin walk/jog interval program progressing towards running if full active range of motion and strength have been achieved (must be cleared by Dr. Dekker).
- Begin plyometric drills starting front to back & progressing to lateral movements.
- If able to perform all the activity without pain, may begin sports specific training, otherwise wait until above is achieved.
- OK to walk on uneven or rocky terrain.

4 Months

- Cutting activities introduced.
- Progressive closed chain kinetic program, increasing intensity to higher level exercises incorporating proprioceptive challenges.
- Agilities.
- Improve endurance.