

## **Peroneal and Tibialis Posterior Tendon Repairs 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 MOSMI at 952-944-0460.\*\*\*\*

**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!

### **Special Considerations:**

Time frames for each phase will depend on:

- Specific surgical procedures performed
- Unforeseen Post-operative Complications (eg: Infection, CRPS)
- Surgeon Preference

### **Phase I: Weeks 1-2**

#### **Goals**

- Rest
- Control swelling and pain
- Activities of daily living

#### **Guidelines**

- Flat foot weight bearing in cast splint
- Sutures removed at 10-14 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

### **Guidelines**

- Shower without boot
- Elevation to control swelling as start to weight bearing
- Massage for swelling
- Gentle active range of motion: ankle and foot: plantar flexion /dorsi flexion /eversion and toe flexion/extension (2x/day @ 30 repetition)
- Progress to stationary bicycle in boot
- Core exercises: abdominal recruitment, bridging, ball reach, arm pulleys /theraband in proprioceptive neuromuscular facilitation patterns
- Hip: active range of motion
  - strength: clam, sidelift, gluteus maximus, straight leg raise
- Knee: active range of motion
  - strength: straight leg raise, theraband press
- Stretch gluteus maximus, gluteus medius, piriformis, rectus abdominis, hamstrings

## **Phase III: Week 7-10**

### **Goals**

- Full weight bearing without boot with no swelling
- Full plantar flexion and dorsi flexion

### **Guidelines**

- Wean from walker boot by ± week 8
- Use an ankle brace during daytime
- Control swelling with elevation and modalities as required
- Stationary bike
- Active range of motion ankle and foot in all directions: gentle inversion & eversion
- Mobilization of foot and ankle in directions that do not directly stress repair
- Muscle stimulation to intrinsics, invertors and evertors as necessary
- Continue with: core exercises, hip and knee strengthening
- Gait retraining – correct knee hyperextension and hip rotation that may occur due to wearing boot

## **Phase IV: Week 11-12**

### **Goals**

- Full active range of motion ankle and foot
- Normal gait pattern

### **Guidelines**

- Add: core exercises – strengthening in standing
- Hip: strengthening single leg with resistance
- Knee: leg press
- Ankle: - toe raises through range
  - inversion/eversion against resistance through range
- Manual mobilization
- Start proprioception and balance

## **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

### **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
  2. 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