

Modified Brostrom with Peroneal Tendon Repair Protocol

Dr. Scott M. Holthusen

Matt Lund, PA-C

This protocol provides a general guideline for recovery and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient. It may take up to a year to make full recovery, and it is not unusual to have intermittent pains and aches during that time.

*****Please fax initial assessment and subsequent progress notes directly to Dr. Holthusen at (952) 442-2029.**

PHASE 1: 0-2 WEEKS

Goals

- Rest and recovery from surgery
- Control swelling and pain with elevation and activity modification
- Gradual increase of ADL (Activities of daily living)

Guidelines

- Non-weightbearing in Splint
- Education: surgery, anatomy, healing time, rehab phases

*2-week PA appointment

PHASE 2: 3-6 WEEKS

Goals

- Placed in removable CAM boot
 - Can get out of the boot to shower, or for ROM/strengthening exercises
- Begin weight bearing progression in CAM boot
- Rest and elevation to control swelling and begin massage over incision once healed
- Begin PT
- Education: surgery, healing time, anatomy, rehab phases
- Control pain and increased ADLs
- Allow healing while maintaining upper body, core, hip/knee strength and ROM

Guidelines

Guidelines

- Hip and knee AROM
 - Hip: AROM - strength: clam, sidelift, glut max, SLR (straight leg raise)
 - Knee: AROM - strength: SLR, theraband press or leg machine
- Ankle ROM and strengthening ***Avoid Resisted eversion until 6 weeks post op
 - AROM (Active range of motion) ankle PF (plantar flexion)/ DF (dorsiflexion)
- All activities are guided by pain level

- Core exercises - abdominal recruitment - bridging on ball - ball reach - arm pulleys or theraband using diagonal patterns
 - Stretching: glut max, glut med, piriformis, rectus femoris, hamstrings

*6-week MD appointment

PHASE 3: 7-10 WEEKS

Goals

- Transition into Trilok ankle brace with regular shoe wear
- Control swelling +/- pain with elevation or modalities as required
- Continue strengthening core, hips and knees, progressing to standing exercises
- Continue to progress AROM of ankle, begin gentle resisted eversion

Guidelines

- Follow therapists recommendation on when to begin bike, walk, use elliptical trainer, etc. without the boot
- Manual mobilization to joints not part of ligament reconstruction
- AROM: - Inversion/eversion - continue with ankle PF/DF, toe flex/extension
- Gait training and proprioception activities
- Muscle stimulation -Intrinsics -Invertors/evertors if required
- Proprioceptive training: single leg stance on even surface

PHASE 4: 11-12 WEEKS

Goals

- Progress to full range of motion
- Good single leg balance
- Near full strength lower extremity
- Still to use the ankle brace for certain sport specific activities (ie: basketball)

Guidelines

- Proprioceptive training –
 - single leg stance on even surface with resistance to arms or WB leg
 - double leg stance on wobble board, Sissel, fitter
 - single leg wobble board, Sissel, fitter with resistance to arms or NWB leg
- Strength
 - toe raises, lunges, squats

*12 week MD appointment

PHASE 5: 13+ WEEKS

Goals

- Full functional return to work +/- activity
- Work specific or activity specific training
- Agility training, running