



## Modified Brostrom with Peroneal Tendon Transfer Protocol

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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

- Control pain
- Encourage ADL
- Education: surgery, healing time, anatomy, rehab phases
- Rest and elevation to control swelling and begin massage over incision once healed
- Allow healing while maintaining upper body, core, hip/knee strength and ROM

#### Guidelines

- Placed in removable CAM boot
  - Begin weight bearing progression in CAM boot
  - Can get out of the boot to shower, or for ROM/strengthening exercises.
- Begin PT

#### 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 12 weeks post op
  - AROM (Active range of motion) ankle PF (plantar flexion)/ DF (dorsiflexion)
- Follow therapists recommendation on when to begin bike, walk, use elliptical trainer, etc. without the boot
- All activities are guided by pain level
  - If your pain is less than 3 out of 10, you could continue. If more than that, rehab should be altered and slowed down. If you have an episode of pain more than 7 out of 10 that does not subside within 30 minutes, you should see your surgeon
- 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

#### Guidelines

- Manual mobilization to joints not part of ligament reconstruction
- AROM: - Progress Inversion/eversion (no resisted eversion) - continue with ankle PF/DF, toe flex/extension
- Gait training and proprioception activities
- Stationary bicycle
- Muscle stimulation -Intrinsics -Invertors/evertors if required
- Proprioceptive training: single leg stance on even surface

### PHASE 4: 11-12 WEEKS

#### Goals

- Progress to full ROM
- 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
- Begin resisted eversion strengthening and progress activity level as tolerated