



Phase 1: 6-8 weeks post-op
 (boot given at week 6 with "EARLY MOTION" PT initiating.)

Peroneal Tendon Repair Protocol

Focus area: Motion		Focus area: Strength		Focus area: Proprioception	
PT	Patient Homework	PT	Patient Homework	PT	Patient Homework
Edema massage and soft tissue massage to healed scar to promote peroneal tendon gliding	Seated heel toe rock and heel raise with towel squeeze between ankles	Sub max , multi angle isometric ankle PF, EV, and IV	Sub max, multi angle isometric ankle PF, EV, and IV	SL stance eyes open if pain free 5-10 seconds	SL stance eyes open if pain free 5-10 sec
Talocrural Joint mobilizations if limited (no pain)	Teach patient self scar massage if needed	Stationary bike, Pain free	Pain free stationary bike to improve conditioning		
You must be able to walk, pain free, aggressively (4-5 miles per hour) for 30 minutes, preferably on a treadmill.	Tennis ball rolling on bottom of foot in sitting				
No PROM PF and INV					
Modalities as appropriate				**PT note: Electrical stimulation, ultrasound, GameReady Ice compression, and/or ice is to be utilized for pain and swelling (position patient with 0 degrees of ankle DF)	

Goals of Phase 1 (EARLY MOTION)	Common frustrations	Recommendations	Physician Expectations
Decrease edema and pain	Pt complains of lateral, anterior, or ant-lateral ankle pain	Educate patient that symptoms are common with healing process and decrease symptoms with manual therapy and modalities as needed	Pt to begin weaning out of the boot <u>after about 2 weeks of WBAT in the boot.</u>
Increase ankle ROM, strength and proprioception			
Ambulating FWB in boot without Assistive Device			Sx: debridement/repair and or repositioning of the posterior longus tendon to aid in lateral ankle stability. Consider reviewing op report



Phase II -- 8-11 Weeks Post-OP

Peroneal Tendon Repair Protocol

Focus area: Motion		Focus area: Strength		Focus area: Proprioception	
PT	Patient Homework	PT	Patient Homework	PT	Patient Homework
Continue joint mobilizations as needed to improve DF/PF	When FWB in boot, begin weaning out of the boot. Day 1: 1 hour in shoe, Day 2: 2 hours in shoe, Day 3: 3 hours in shoe. If symptoms increase, stay at same time 3 days then cont progressing	Total gym dougle leg press progressing to single leg	Standing heal/toe raises, limited AROM as tolerated	Single leg stance progressing to SL stance w/ UE reach	single leg stance progressing to SL stance with reach
Gastroc and soleus stretching (towel stretch progressing to runners stretch) and general LE stretching	towel and runners stretch	Seated heal-toe raises progressing to standing	Step ups and step downs	Y balance test performed as stability exercise	resisted stepping progressing to steamboats
Foot must be able to walk, pain free, aggressively (4-5 miles per hour) for 30 minutes, preferably on a treadmill, before beginning the walk/jog program. A mile run generally consists of 4500		Forward lunges	bike or treadmill	Rocker board sagital plane with bilateral stance (limit DF and PF if pain	
		cable columb walk outs forward and backward		biodes balance machine holding on bilateral stance	

Goals of Phase 2 interventions	Common frustrations	Recommendations	Physician Expectations
Increase AROM DF to within 5 degrees of uninvolved lower extremity	Lateral foot pain with walking	continue subtalar and talocrual joint mobilizations	Walking with increased velocity with minimal difficulty and deviations
Increase involved single leg balance to within 10 seconds of uninvolved lower extremity	initial soreness is normal when weaning out of the boot into shoes	Continue with modalities and joint mobilizations	wearing shoes relatively pain free 100% of the day
Minimal to zero gait deviations with focus on midstance and toe-off phase			
Wear shoes 100% of the day			
Decreasing pain with gait			



Phase III -- Return to Sport or Advance Activity Level

Peroneal Tendon Repair Protocol

Focus area: Motion		Focus area: Strength		Focus area: Proprioception	
PT	Patient Homework	PT	Patient Homework	PT	Patient Homework
Joint mobilizations as needed for restricted ROM in any plane at foot and ankle	Lower extremity flexibility as needed with stretches learned in Phase I and Phase II	Standing single leg heel/toe raises	standing heel/toe raises	standing surfer BAPS with weight at medial, lateral, and anterior positions; no greater than level #2	steamboats
		SL leg press on unsteady surface	step up/step downs progressing step height	progress single leg stance on unsteady surface then to rebounder	single leg stance with reach
You must be able to walk, pain free, aggressively		lateral lunges	forward and lateral lunges	ladder drills	
		plyometrics as appropriate			
		Carioca with cable column			
		Walk jog progression progressing to jogging at end of phase if no increased pain or edema	Jogging in straight line can be initiated if patient can perform 2 sets of 10 single leg heel raises and 10 single leg hops without pain		
		Begin sport/work specific activities			

Goals of Phase 3 intervention	Common frustrations	Recommendations	Physician Expectations
1. increase single leg balance to within symmetrical limits of uninvolved LE 2. patient to perform 15 repetitions with SL HR 3. If performing Y balance less than 4 cm difference between uninvolved LE	Continued complaints of lateral ankle pain	Consider posterior tib mobs and posterior tib taping	Able to return to walk/jog progression monitoring pain as a guideline and walking with minimal pain. 80% strength of involved LE.



Return to Running Program

Walking Program

You must be able to walk, pain free, aggressively (4-5 miles per hour) for 30 minutes, preferably on a treadmill, before beginning the walk/jog program. A mile run generally consists of 1500 total foot contacts or 750 per foot. Advanced strengthening/plyometric exercises should be completed at high reps during Phase III of the peroneal repair protocol totaling between 400 to 500 foot contacts/reps per session. This high repetition count of pain free exercises readies your soft tissues for the stress and strain that you undergo while running.

Walk/Jog Progression

You may begin this program on level ground if:

1. Completed the Walking Program and 1 week of Phase III protocol.
2. You have no pain with normal daily activities. (0 out of 10 on pain scale)

Program Progression

1. If the jogging hurts, stop, apply ice and return to the previous stage the next day. If pain/discomfort remains or increases, continue to return to a previous level until discomfort stabilizes or decreases.
2. If you have no pain when doing this activity level or afterwards, and you have no discomfort or tightness that limits your normal movements the next morning, proceed to the next stage.

	Walk	Jog	Repetitions	Total time
Week 1	5 minutes	1 minute	5 times	30 minutes
Week 2	4 minutes	2 minutes	5 times	30 minutes
Week 3	3 minutes	3 minutes	5 times	30 minutes
Week 4	2 minutes	4 minutes	5 times	30 minutes
Week 5	Jog every other day with a goal of reaching 30 consecutive minutes, begin with 5 minutes of walking, gradually increasing the pace. End with 5 minutes of walking, gradually decreasing the pace to a comfortable walk.			