



Post-Operative Protocol

Peroneal Tendon Repair with dislocating tendons

Please note these are general guidelines and may change for various reasons on a case-by-case basis.

Please use extreme caution when using assistive devices such as crutches, walker or roll-a-bout. You can fall and injure something else!

If at any time after surgery you notice increasing pain, redness, drainage from the incision, fevers or chills, please contact Dr. Kestner's office (843) 572-2663

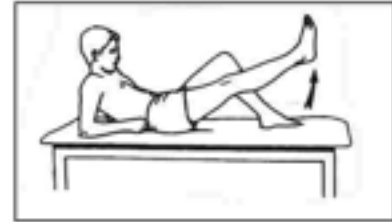
Do not use tobacco products!! It greatly reduces healing and increases the risk of complications.

Week 0-2 (Phase 0)

- Weight bearing: No weight bearing. Use crutches/walker/Roll-A-Bout as necessary.
- Dressing/wound care: Keep splint on at all times
- Activity: straight leg raises, toe curls.

Straight leg lift - With the brace on, tighten the quadriceps muscles so that the knee is flat, straight and fully extended.

Try to raise the entire leg up off the floor or bed. If you are able to do so keeping the knee straight, raise the leg to about 45 degrees, pause one second and then lower slowly. Repeat 20 times, twice a day.



Week 2–6 (phase 1: maximal protection)

- Weight bearing: Non weight bearing in short leg cast
- Wound care: Cast care: do not get wet, do not stick anything inside of the cast.
- Activity: Straight leg lift, standing hamstring curl.

Straight leg lift - With the brace on, tighten the quadriceps muscles so that the knee is flat, straight and fully extended.

Try to raise the entire leg up off the floor or bed. If you are able to do so keeping the knee straight, raise the leg to about 45 degrees, pause one second and then lower slowly. Repeat 20 times, twice a day.



Standing Hamstring curl - With the brace on, stand facing a table which you will use for balance and support. While standing on the unoperated leg bend the knee of the operated side and raise the heel toward the buttock. Hold this flexed position for one second. Slowly lower the foot back to the floor. Keep the thighs aligned as illustrated. Repeat 20 times.



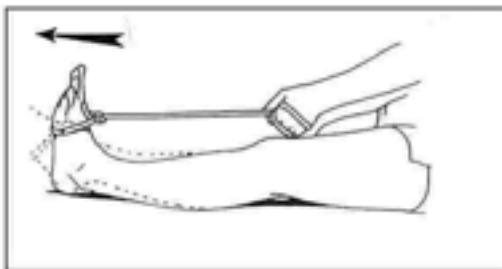
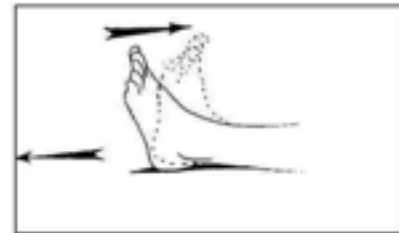
Week 6–10 (phase 2: initiate motion)

Weight bearing: Place CAM boot, begin weight bearing, advance to weight bearing as tolerated. Use crutches or walker for support until you can walk without a limp.

Wound care: Continue daily gentle massage to incision site and surrounding skin and tissue. Call if any increasing redness or drainage.

Activity: Begin gentle flexion-extension only. No inversion or eversion.

Ankle flexion-extension - Remove the brace.
Gently move the foot in an up and down motion. Do not try to force motion through pain, but move the foot up and down through the range of motion that is pain free. Repeat 20 times, three times a day.



Ankle Plantar Flexion
With tubing around foot, press foot down. Repeat 30 times. This is the most important of the exercises.

Week 10–16 (phase 3: advanced strengthening)

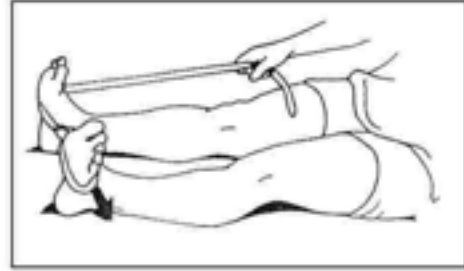
Weight bearing: Ween boot, start lace-up ankle brace.

Wound care: Continue daily gentle massage to incision site and surrounding skin and tissue. Call if any increasing redness or drainage.

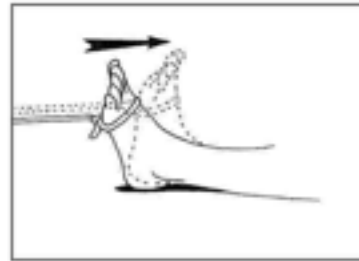
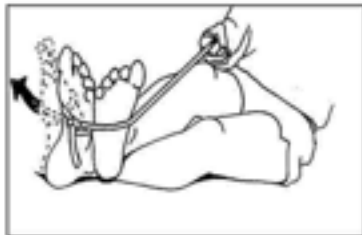
Activity: Begin inversion/eversion ROM and gentle strengthening.

Ankle Eversion

With tubing anchored around uninvolved foot, slowly turn injured foot outward. Repeat 30 times.

**Ankle Dorsiflexion**

With tubing anchored on solid object, pull foot toward you knee. Repeat 30 times.

**Ankle Inversion**

Cross legs with the operated foot underneath. With tubing anchored around uninvolved foot, slowly turn injured foot inward. Repeat 30 times.

Week 16+ (phase 4: return to sport)

Weight bearing: full weight bearing in regular shoe.

Activity: Progressive running. Progressive agility and proprioception.

Advancement to plyometrics.

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