Peroneal Tendon Debridement/Repair

Rehabilitation Protocol

***Procedure Overview*:** Surgical treatment involves removing damaged or irritated tissue, often within the tendon sheath, to alleviate pain and restore function. The goal is to reduce inflammation and improve the gliding of the tendons, which can be affected by scar tissue or other problems. Rehab emphasizes protecting the repair while progressively restoring strength, mobility, and function.
Timeframes mentioned in this protocol should be considered approximate with actual progression based on clinical presentation and physician direction.

General Considerations:

- Patient is non-weightbearing until 4 weeks post-op
- Physical therapy begins approximately at 4 weeks post-op
- Monitor the incision scar and tendon scar for mobility; implement regular soft tissue mobilization to avoid fibrosis.
- Discontinue boot between 6-8 weeks post-op
- Discontinue night splint at 6 weeks post-op

Phase I: Protection Phase (Weeks 0–4)

Goals:

- Protect surgical repair
- Control swelling and pain
- Maintain cardiovascular and proximal joint strength

Precautions:

- No active or passive ankle ROM
- No weight-bearing

Interventions:

- Immobilization: Short leg splint with ankle in neutral positioning for 10-14 days post-op. Transition to short leg cast with ankle in neutral at 10-14 days post-op until 4 weeks post op.

Weight Bearing: Non-weight bearing (NWB) with crutches, walker, or knee scooter.

Exercises:

- Isometric quads, glutes, core
- Toe curls/spreads
- Hip/knee ROM
- Upper body conditioning

Phase II: Early ROM & Partial Weight Bearing (Weeks 4–6)

Goals:

- Gradually restore passive and active ROM (caution with inversion/eversion)
- Transition to full weight-bearing in pneumatic walking boot
- Begin gentle loading peroneal tendons

Precautions:

- Avoid inversion/eversion until 6 weeks post-op
- No barefoot walking
- No plyometrics/change of direction

Weight Bearing:

- Gait training with patient in pneumatic walking boot. Progress from non-weightbearing to partial weight bearing in boot with crutches/walker. Progress to full weight bearing in boot by week 6.

ROM: Initiate gentle AROM—No inversion/eversion until 6 weeks post-op

Manual Therapy: Soft tissue mobilization for scar tissue and modalities as indicated

Exercises:

- AROM
- Double Leg Proprioception (weight shifts, double leg standing, etc)
- Thera-Band exercises

- Intrinsic foot strengthening
- Manual resistance and isometric exercises
- Well-leg stationary biking
- Aquatic exercises including deep-well exercises.

Phase III: Strengthening & Proprioception (Weeks 6–12)

Goals:

- Improve ankle strength and proprioception
- Progress to full ankle ROM
- Normalize gait pattern without assistive device

Interventions:

- Transition to Shoes: Gradual weaning from boot to athletic shoe with ASO ankle brace.
- Gait Training: Emphasize push-off and calf control

ROM: Progress to full ankle AROM/PROM

Manual Therapy: Soft tissue mobilization for scar tissue and modalities as indicated.

Exercises:

- Stationary bike
- Seated BAPs
- Progress seated heel raises to standing heel raises
- Mini-squats (bilateral progress to unilateral)
- Closed chain step exercises (step-ups progress to step downs)
- Leg Press (bilateral to unilateral)
- Proprioceptive training (prioritize single leg balance challenged as able)
- Eyes open/closed
- BOSU ball/Airex Pad
- With ball tosses

Precautions:

- Avoid high-impact activity until cleared.
- Monitor for swelling or instability.

Progression Criteria:

- Physician indication
- Equal AROM and PROM bilaterally
- Single leg stance equal bilaterally or objective testing (STAR Excursion balance test, Y-Balance test, etc).
- Gait normalized

Phase IV: Return to Desired Level of Activity (Weeks 16–24+)

Goals:

- Maintain full ankle ROM
- Symmetric ankle strength/balance
- Return to desired activity level

Precautions:

- No return to high-impact activity until cleared by MD and PT
- Watch for symptoms of tendinopathy

Manual Therapy: Soft tissue mobilization for scar tissue and modalities as indicated.

Exercises:

- Eccentric heel drops (Double leg progress to single leg)
- Double leg heel raises progress to single leg heel raises
- Lunges (multidirectional and walking)
- Plyometric progression (Begin low-load jumping/hopping drills/double leg to single leg)
- Progress jogging and return to run program (approximately 16-20 weeks, once patient can perform a single leg heel raise with good mechanics)
- Agility drills (approximately 16-20 weeks, cleared by MD)
- Ladder drills, shuffles, sprints, sport specific drills
- Endurance training (low-impact cardio, elliptical, biking)

Discharge Criteria:

- Full, pain-free ROM
- 90% calf strength compared to uninvolved side
- Normalized gait and balance
- Return to desired activities and ADLs
- Physician indicates