

Peroneal Tendon Repair Protocol

- 2-6 weeks
 - Discontinue splint and transition to CAM boot
 - Partial weight bearing with crutch assist x2 weeks, then transition to weight bearing as tolerated x2 weeks.
 - Pain management
 - Complete Aspirin course
 - May shower over incision site but refrain from bathing or soaking for another 4 weeks.
 - Keep boot on during sleep and gentle ankle motion exercises (week 4) including ankle dorsi and plantarflexion only; no inversion/eversion. .
 - Start PT
 - Active and passive plantar/dorsiflexion
 - Modalities to control swelling
 - Incision mobilization modalities
 - Knee/hip exercises with no ankle involvement; e.g., leg lifts from sitting, prone, or side-lying position
 - Non-weight bearing fitness/cardiovascular exercises; e.g., bicycling with one leg. (weeks 2-6)

- 6-10 weeks
 - Discontinue boot and transition to lace-up ankle brace.
 - Full progressive ROM
 - Graduated resistance exercises (open and closed kinetic chain as well as functional activities)
 - Proprioceptive and gait retraining
 - Modalities including ice, heat, and ultrasound, as indicated
 - Incision mobilization
 - Fitness/cardiovascular exercises to include weight bearing as tolerated; e.g., bicycling, elliptical machine, walking on treadmill, Stair Master, hydrotherapy.

- 10-16 weeks
 - Wean out of lace-up ankle brace into regular shoe. (surgeon's discretion)
 - May start impact activities such as running
 - Further ankle strengthening and proprioception training

- 16+ weeks
 - Progressive return to activities
 - Retain strength, power, endurance
 - Increase dynamic weight bearing exercises, can include plyometric training
 - Sport-specific retraining if applicable.