

Rehabilitation Protocol: Ankle Peroneal Tendon Repair

Phase 1 (Weeks 0-2)

- Weightbearing: Non-weightbearing on the operative limb
- Splint or Pneumatic Boot: Worn full-time
- Range of Motion:
 - Avoid ankle range of motion for the first 2 weeks after surgery.
- Therapeutic Exercises
 - Quad/Hamstring isometrics, heel slides, straight leg raises, co-contractions
 - Isometric hip abduction and adduction exercises

Phase 2 (Weeks 2-6)

- Weightbearing: Advance to weight-bearing as tolerated for ambulation in boot
- **Pneumatic Boot:** Worn for ambulation. Remove boot when at rest/sleeping and for PT.
- Range of Motion
 - o Active, Active-Assist, and gentle Passive ankle/foot/toe ROM in all planes
- Therapeutic Exercises
 - Continue Phase 1 exercises
 - o Submax ankle isometrics in all directions
 - Standing gastrocnemius stretches
 - Okay to begin blood flow restriction therapy

Phase 3 (Weeks 6-10)

- Weightbearing: Full weightbearing, wean from boot for ambulation
- Brace: Wean from boot and transition to ankle brace for activity
- Range of Motion: Continue ROM exercises to ankle/foot/toes.
- Therapeutic Exercises
 - o Bilateral calf raises, 4-way ankle therabands
 - Begin stationary bicycle, leg presses, and flutter kick swimming at 6 weeks
 - Begin elliptical trainer and wobble/rocker board at 8 weeks

Phase 4 (Weeks 10-26)

- Weightbearing: Full weightbearing. May return to driving if right ankle was repaired.
- Range of Motion: Maximize ankle/foot/toe ROM
- Therapeutic Exercises
 - Single-leg calf raises and balance exercises
 - Plyometrics and dynamic stability exercises
 - Gradual return to jogging/running, road biking, hiking at 3 months after surgery
- Return to sports/athletics once cleared by Dr. Gross