

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL FOUNDATION NHS TRUST

**REHABILITATION *GUIDE* FOLLOWING PERONEAL TENDON REPAIR (with or without repair of the superior peroneal retinaculum)
(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)**

WEEK	MOBILITY	REHABILITATION EXERCISES	GOALS
<u>Week 0-2</u>	NWB in POP with appropriate walking aids	<ul style="list-style-type: none"> ○ Circulatory exercises ○ SQ/IRQ/SLR/Glut/Hams exercises ○ Upper body exercises ○ Flexibility exercises ○ Contralateral leg exercises ○ AROM exercise for hip and knee ○ Rest in elevation when not exercising or mobilising NWB 	<ul style="list-style-type: none"> ● Good understanding of post- operative rehabilitation. ● No complications following surgery. ● Elevation to control swelling ● Control of pain with adequate pain relief ● Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature. ● Safe and independently mobile with appropriate walking aids and correct weight bearing status as advised on discharge from hospital. ● Safe with transfers and stairs if necessary
<u>Week 2-4</u>	Begin partial progressive WB in ACB if SPR is NOT repaired	<p><u>If SPR is NOT repaired:</u></p> <ul style="list-style-type: none"> ○ Begin AROM Exercises and hands-on techniques (by the PT) for foot and ankle range of motion into PF,DF,Ev and Inv in NWB ○ Begin partial progressive WB in an ACB with appropriate walking aids 	<ul style="list-style-type: none"> ● Control of swelling and pain ● Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature and swelling. ● Safe independent use of elbow crutches to encourage gradual increase in weight bearing status. ● Education on the use of the aircast boot to be worn at all times except for hygiene reasons or when exercising.

	<p>If repair of the (SPR) is performed, immobilisation should consist of - 2 weeks NWB in a lower leg cast, followed by -4-6 weeks of progressive PWB in ACB with NO inv/ev for 6/52</p>	<p><u>If SPR is repaired:</u></p> <ul style="list-style-type: none"> ○ Begin AROM as above, avoiding inv/ev for 6/52 post op ○ Begin PWB in ACB with appropriate walking aids 	
<p><u>Week 4-8</u></p>	<p>4-6 weeks:</p> <p>If SPR not repaired FWB with walking aids as needed</p>	<p><u>If SPR is NOT repaired:</u></p> <ul style="list-style-type: none"> ○ Begin isom, conc and ecc exercise (may begin use of light resistance with eversion against therapist) with isotonic, and proprioceptive training seated or on 2 legs ○ Gradually progress from PWB to full WB, consider hydrotherapy if available ○ Continue use Alter-G trainer, progressing to FWB ○ Can begin use of stationary bike Wean from boot (6-8 weeks) 	<ul style="list-style-type: none"> ● Increase ROM of ankle and foot ● Improve calf strength and foot intrinsic strength ● Minimise loss of strength in core, hips, and knees ● Facilitate gradual return to WB ● Restore gait with use of appropriate walking aids as needed

	<p>6-8 weeks:</p> <p>If SPR is repaired</p> <p>Continue progressive PWB gradually progressing to FWB with appropriate walking aid if needed</p>	<ul style="list-style-type: none"> ○ Manual therapy for joint mobilisations as indicated for the talocrural, subtalar joint, forefoot and metatarsals <p><u>If SPR is repaired:</u></p> <ul style="list-style-type: none"> ○ Continue ankle AROM exercise and seated foot/ankle exercise while maintaining ROM and weight bearing precautions (no inv/ev until 6/52 post op) ○ Begin isom, conc, and ecce exercise (may begin use of light resistance with eversion against therapist) after 6 weeks ○ Progress WB from Progressive PWB to FWB (6-8 weeks) ○ Wean from boot, if appropriate 	
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<p><u>Week 8-12</u></p>	<p><u>If SPR is repaired:</u></p> <p>Attain FWB if not already achieved</p> <p>-Avoid high impact/pivoting and no running</p>	<ul style="list-style-type: none"> ○ Swelling management ○ Continue all conc/ecc/isotonic exercises ○ If SPR is repaired – ○ Wean from the boot in 8-10 weeks (if not already weaned off) ○ Initiate eccentric gastrocnemius strengthening ○ Proprioceptive exercises once FWB bearing without boot: <ul style="list-style-type: none"> - unstable surfaces including foam, wobble board, BOSU ball, trampette. ○ Progress activity from double leg to single leg (only if pain-free and able to demonstrate good stability on double leg stable and unstable surfaces) on stable surfaces to unstable surfaces ○ Balance and proprioception exercises ○ Cycling on static bike ○ Hydrotherapy for mobility, strength and gait re-education ○ ROM and strength exercises for other joints in kinetic chain as appropriate including core strengthening exercises, hip, knee, gluts/ hams/ quads exercises. ○ Manual Therapy – soft tissue techniques, joint mobilisations and scar massage if indicated. ○ Pacing advice as appropriate 	<ul style="list-style-type: none"> ● Swelling and pain control as appropriate ● Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature and swelling. ● FROM of foot and ankle in all planes ● Maintain Hip/ Knee ROM and strength ● Prevent scar adherence. ● Prevent joint stiffness. ● Gradually return to regular functional activities (except sport and sports related activities) if goals are not met for ROM, gait and strength.
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<p><u>12-24 weeks</u></p> <p>(review in out-patient clinic by F+A Consultant)</p>	<p>Begin return to run with a walk/jog interval program if full AROM and strength has been achieved</p> <p>If able to run and perform all activity without pain, may begin sport specific training, otherwise hold off until above is achieved</p>	<ul style="list-style-type: none"> ○ Continue strength exercises for foot and ankle and other muscle groups in kinetic chain as appropriate ○ Continue proprioceptive exercise on single leg on stable surfaces to unstable surfaces ○ Progress dynamic WB exercise to include lateral mobility to engage peroneal tendons including speed skaters, use of slide board, lateral step ups/downs ○ Begin with bilateral plyometrics working towards unilateral plyometrics as tolerated ○ Manual Therapy – soft tissue techniques, joint mobilisations and scar massage if indicated. ○ Hydrotherapy to progress strength and mobility ○ Lower limb biomechanics/ kinetic chain assessment to address any findings including core stability progressions ○ Pacing advice 	<ul style="list-style-type: none"> ● Promote independent gait ● Optimise normal ankle and foot movement and restore gait pattern ● Achieve optimal ankle ROM ● Achieve Grade 4 or 5 muscle strength around ankle and lower extremity muscles ● Optimise core strength and kinetic chain control ● Gradually return to regular functional activities ● Encourage activation along peroneal tendons to facilitate appropriate healing ● Improve endurance and performance to minimise risk of re-injury

<p><u>24 weeks onwards</u></p>	<ul style="list-style-type: none"> -Running -Sport Specific Training -Provocation of peroneal tendons 	<ul style="list-style-type: none"> ○ Progress unilateral plyometrics into sport specific drills ○ Sport specific training and conditioning (progress to high impact if applicable as tolerated once cleared by Consultant) <p><u>Functional Screening Tests:</u></p> <ul style="list-style-type: none"> ▪ Side-hop ▪ 6-meter Crossover Hop ▪ Square Hop ▪ Figure-of-8 hop <p><u>Functional Tests for Return to Sport:</u></p> <ul style="list-style-type: none"> ▪ Timed lateral step-down ▪ Timed leap and catch hop sequence ▪ Single-leg hop for distance ▪ Single-leg timed hop ▪ Single-leg triple hop for distance ▪ Crossover hop for distance endurance sequence ▪ Square hop test ▪ Lower Extremity Functional Test (LEFT) 	<ul style="list-style-type: none"> • Gradual return to activities with multi-planar movements on uneven outdoor surfaces • Gradual return to high impact sports that include jogging, running, and jumping
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