



Post Surgery Instructions

Anterior Tibial Tendon Reconstruction

General Treatment Facts

- The goal of this surgery is to return you to full strength and stability in the shortest amount of time.
- This surgery will repair the ruptured tendon to prevent foot drop.
- You will NOT be able to bear weight on the operative ankle for 2 weeks after surgery.

Post Surgery Course

Day 1

- The ankle will be wrapped in a plaster splint (soft cast) with lots of padding and an elastic (ACE) bandage. If for any reason your splint is uncomfortable or too tight, remove the ACE bandage, loosen padding, and re-apply to your comfort level.
- It is important to ice and elevate the foot, take pain medication, and rest as needed.
- No weight bearing on the operative ankle.
- Do not get the splint wet.
- Begin static dorsiflexion exercises in the splint (bring toes toward knee). Please DO NOT plantar flex the foot (point your toes down).

Day 4

- Pain should improve after the 3rd day. If your pain has worsened after day 3 or you have a fever and/or chills, please call the office.
- Wiggle toes in splint as tolerated.
- Perform isometric calf contractions.
- Work the knee, hip, and upper extremities as tolerated.

2 weeks (approximately)

- First post-operative visit.
- Your splint will be taken off and your sutures will be removed.
- You will be placed in a boot with your ankle in a neutral position to prevent a large amount of range of motion. You must sleep in the boot to prevent your ankle from being pulled downward into plantar flexion. This motion could weaken the repaired tendon.
- Progress to full weight bearing on the ankle in the boot. Use the crutches for added stability.
- Avoid plantar flexion (pointing the foot down) and inversion (turning the foot inward) ankle movement.
- It is crucial to hold the foot dorsiflexed when changing the splints or when placing the foot on the floor to shower. DO NOT plantar flex the foot.

- If the incision is healing well, you may get the ankle wet in the shower 2-3 days after your post-operative visit (remember to hold up the toes when removing the splint while getting in and out of the shower).

3 weeks

- If the incision is healed, you may submerge the ankle under water.
- Continue wearing the boot as instructed.
- Avoid plantar flexion and inversion ankle movements.

6 weeks

- Start physical therapy (may vary).
- Introduce supervised range of motion and closed chain active muscle strengthening exercises.
- Perform active inversion, eversion, plantarflexion, and dorsiflexion with gradual increase in resistance.
- Caution with ankle plantarflexion.

3 months

- Wean out of boot into a comfortable tennis shoe (typically over 2-5 days).
- Increase activity, avoiding forced plantar flexion. Some patients find wearing a lace up ankle brace helpful, but this is not required.
- Be careful going down hills, inclines, and slopes.
- No hiking, kicking, jumping, or jogging.

6 months

- Hiking, kicking, jumping, and jogging as tolerated.