



## **Post Surgery Instructions** ***Peroneal Tendon Repair, Groove Deepening***

### **General Facts**

- The goal of this surgery is to alleviate pain and return you to full strength and stability in the shortest amount of time.
- This surgery will repair the torn or partially torn peroneal tendon(s) and may involve deepening the groove in which the tendons glide.
- You will be unable to bear weight on the operated ankle for approximately 14 days. After your first post-operative visit and depending on the status of the torn tendon, you may begin to bear weight as tolerated.
- You will be in a plaster splint for the first 10-14 days after surgery. Afterwards, you will be placed in a boot, but will still need to be non-weightbearing with the use of crutches, a Roll-A-Bout knee scooter, or wheelchair for at least 4 weeks.
- No sports involving cutting (racquetball, soccer, tennis, etc.), ballistic movements, or strenuous running will be permitted for 3-4 months.

### **Post Surgery Course**

#### **Day 1**

- The foot will be wrapped in a plaster splint with lots of padding. If for any reason your splint is uncomfortable or too tight, remove the ace wrap, 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.
- Expect numbness in the ankle for 4-12 hours and then anticipate the onset of pain.
- No weightbearing on injured foot until your first post-operative visit at the office.
- Do not get the ankle or splint wet.
- Begin dorsiflexion exercises in the splint (bring toes toward knee)

#### **Day 4**

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

#### **Day 14 (approximately)**

- First post-operative visit in the office.
- 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 or plantar flexed position to prevent a large amount of range of motion.

- AVOID active eversion and passive inversion ankle movements.
- If the incision is healing well, you may begin to get the ankle wet in the shower 2-3 days after your post-operative visit.

### **3 weeks**

- If the incision is healed, you may submerge the ankle in water.
- Gentle exercise on a stationary bike is permitted in the boot.
- Walking without crutches while still wearing the boot is permitted.
- Begin gentle sub-maximal peroneal isometrics.
- May work out in pool without kicking or push off (i.e. water walking)

### **6 weeks**

- Limited walking may be permitted without the boot.
- You may be given a lace up ankle brace to wear during long periods of walking and exercise.
- Avoid walking on uneven or rocky terrain.

### **8 weeks**

- Light jogging and other exercise activities, such as squatting and weight-lifting, are permitted.
- Continue to increase your activity as tolerated.
- Balance/proprioception.
- Stationary bike with added resistance.

### **10 weeks**

- Open chain strengthening PF/DF, eversion to neutral.
- Balance/proprioception exercises on level surface.
- Gait training.

### **12 weeks**

- Begin plyometric drills starting front to back & progressing to lateral movements.

### **14 weeks**

- Continued gait/jogging training.
- Kicking and plantar flexion in pool program.

### **16 weeks**

- Cutting activities are introduced.
- Progressive closed chain kinetic program, increasing intensity to higher level exercises incorporating proprioceptive challenges.
- Agilities.
- Progressive absorption/agility/running progression.
- Improve endurance.