

Peroneal Tendon Repair Rehabilitation Protocol

Mark Ayzenberg, MD, FAAOS

Phase I (Post-op Weeks 0–2) Protection Phase

- Postoperative splint or cast with ankle immobilized
- Non-weight bearing with crutches or walker unless otherwise directed
- Strict protection of the repair and fibular groove deepening site
- No active ankle eversion or resisted peroneal activation
- Toe, knee and hip range of motion exercises encouraged
- Edema control with elevation and icing as directed
- Pain control emphasized

Phase II (Weeks 2–6) Early Motion Phase

- Transition to CAM boot as directed
- Initiate gentle ankle dorsiflexion and plantarflexion range of motion
- Begin gentle inversion only; avoid eversion past neutral
- No resisted eversion or forceful circumduction
- Continue edema control and scar management as indicated

Phase III (Weeks 6–10) Progressive Motion and Strengthening Phase

- Begin partial weight bearing and progress to full weight bearing in boot, then transition to ankle brace
- Begin active ankle eversion in a controlled, pain-free range
- Initiate light resisted peroneal strengthening with bands towards middle of phase
- Progress ankle range of motion to full as tolerated
- Begin proprioceptive and balance training in double-leg stance
- Avoid uneven surfaces and sudden directional changes

Phase IV (Weeks 10–16) Advanced Strengthening and Function Phase

- Discontinue boot; use lace-up or stirrup ankle brace as needed
- Advance peroneal strengthening and endurance
- Single-leg balance and dynamic proprioceptive exercises
- Initiate closed-chain strengthening and lateral movement drills
- Begin low-impact cardiovascular activities (bike, elliptical)

Phase V (Weeks 16–24) Return to Activity Phase

- Progress to jogging and running once strength and balance are adequate
- Advance agility, cutting, and sport-specific drills



- Gradual return to full athletic and work activities

****Special Considerations:****

- This protocol applies to peroneal tendon repair combined with fibular groove deepening for instability or subluxation.
- Progression may be modified based on extent of tendon repair, retinacular repair, and bone work.
- Premature eversion or aggressive strengthening increases risk of recurrent instability.

****Progression Criteria:**** Advancement is criteria-based and dependent on pain control, tendon healing, restoration of motion, peroneal strength, proprioception, and patient compliance.

Return to Sports: Patient needs to demonstrate full proprioception and ability to work in sport specific drills at full speed in all planes without evidence of favoring prior to be released to sports.