

Common Peroneal Nerve Release Protocol

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

- Soft dressing or MINIMALLY (so as not to over compress nerve) compressive wrap as directed
- Weight bearing as tolerated without assistive device unless otherwise directed
- Encourage frequent ankle, foot, knee and hip range of motion
- Active ankle dorsiflexion, plantarflexion, inversion, and eversion as tolerated
- Gentle stretching of calf and peroneal musculature
- Edema control, elevation, and pain management emphasized
- Avoid prolonged knee flexion, leg crossing, squatting, or kneeling
- Avoid direct pressure over the fibular head

Phase II (Weeks 2–6) Early Functional Recovery Phase

- Progress lower-extremity range of motion to full as tolerated
- Begin gentle peroneal nerve gliding exercises as instructed
- Initiate light strengthening of ankle dorsiflexors, evertors, and intrinsic foot muscles
- Begin closed-chain strengthening including mini-squats and weight shifts
- Normalize gait mechanics and walking endurance
- Scar management and soft tissue mobilization as indicated

Phase III (Weeks 6–10) Progressive Strengthening Phase

- Progress strengthening of ankle and lower-leg musculature
- Advance closed-chain strengthening and proprioceptive training
- Single-leg balance and neuromuscular control exercises
- Begin low-impact cardiovascular activities such as cycling or elliptical
- Continue gait normalization and endurance training

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

- Advance strengthening, balance, and neuromuscular control
- Introduce lateral movements and agility drills as appropriate
- Begin work- or sport-specific functional training
- Emphasize lower-extremity alignment and mechanics

Phase V (Weeks 16+) Return to Activity

- Return to unrestricted work, exercise, and sport activities as tolerated
- Progress based on symptom resolution, strength, endurance, and functional confidence



****Special Considerations:****

- This protocol applies to patients undergoing common peroneal nerve decompression WITHOUT pre- or postoperative foot drop. If the patient has foot drop, the protocol will obviously be delayed until and if foot drop recovers
- Primary goals are symptom relief, prevention of recurrent compression, and return to full function.
- Persistent paresthesias and weakness may improve gradually over time and can take up to 18 months.

****Progression Criteria:**** Advancement is criteria-based and dependent on symptom improvement, restoration of motion, strength, gait mechanics, and patient compliance.