



Peroneal Tendon Repair Rehabilitation Protocol (Standard Track)

Applies to: peroneal tendon debridement/repair, tubularization, tenosynovectomy, SPR work (if performed, be more conservative with eversion/subluxation risk), without major tendon transfer/graft/osteotomy.

Phase 0: Protection and Recovery (0 to 2 weeks)

Immobilization / WB

- Posterior splint (or short leg splint) with ankle in neutral to slight plantarflexion per surgeon preference.
- **Non-weight-bearing (NWB)** with crutches/knee scooter.

Goals

- Protect the repair, reduce swelling, control pain.
- Maintain conditioning (core/hip/knee), maintain toe motion.

Therapeutic exercise

- Toe AROM, gentle intrinsic foot activation (within dressing limits).
- Knee ROM, hip strengthening, contralateral limb conditioning.
- No active ankle eversion.

Precautions

- Keep incision dry, elevate aggressively.
- Avoid inversion/eversion stresses and resisted peroneal activation.

Evidence note: A commonly reported pattern is splinting briefly followed by ~2 weeks NWB casting/splinting, then transition to boot/cast with progressive WB depending on surgeon preference. ([PMC](#))

Phase 1: Early Motion in Boot (2 to 6 weeks)

At ~2 weeks

- Wound check, suture removal.

This protocol is a guideline and may be adjusted based on: tendon quality, repair type (SPR repair, tenodesis/transfer, graft reconstruction), concomitant osteotomy, and intraoperative stability. Progression is criterion-based (pain/swelling/gait) rather than purely time-based.



PERONEAL TENDON REHAB PROTOCOL
NICHOLAS L. STRASSER, MD

- Transition to **CAM boot**.

Weight-bearing

- Begin **progressive weight-bearing in boot** as tolerated (typical: partial → full by 4–6 weeks if swelling/pain allow and fixation/repair quality supports it). ([PMC](#))

ROM

- Start **gentle ankle AROM/PROM for:**
 - **Dorsiflexion / plantarflexion**
 - **Inversion (gentle), and avoid combined inversion + plantarflexion stress**
 - **NO aggressive active eversion** (your preference: avoid until 6 weeks)
- Begin **active inversion / dorsiflexion / plantarflexion at 2 weeks** (as you outlined), emphasizing smooth, low-load motion.

Strength

- Proximal strengthening (hip/core), closed-chain work only as allowed by WB status.
- **No resisted eversion** and no peroneal strengthening yet.

Manual therapy

- Scar mobilization once incision healed.
- Gentle joint mobilizations as needed (avoid stressing lateral ankle/peroneals).

Criteria to progress

- Minimal swelling, pain controlled.
- Tolerating progressive WB in boot.
- DF/PF ROM improving without lateral tendon pain.

Phase 2: Strength Initiation and Gait Normalization (6 to 12 weeks)

Weight-bearing / bracing

- Wean boot to supportive shoe when:
 - You can walk pain-minimized in boot with normalized gait and minimal swelling.
- Consider a lace-up ankle brace for transition and higher-demand walking.

ROM

- Progress to **full ROM in all planes** as tolerated.
- Start gentle stretching (gastroc/soleus) but keep it symptom-guided.

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Strength (start peroneals now)

- **Begin active eversion** (unresisted → light band) starting at ~6 weeks.
- Progress to:
 - Eversion isometrics → isotonic bands
 - Heel raises (double → single)
 - Balance/proprioception (single-leg stance, foam, perturbations)

Functional

- Stationary bike / elliptical as tolerated.
- Pool running once wounds healed and gait mechanics are safe.

Evidence note: Many published pathways initiate formal PT and strengthening around ~6 weeks once protective immobilization ends, then restore ROM/strength progressively. ([PMC](#))

Phase 3: Return to Running and Sport (3 to 6 months)

Advanced strengthening

- Single-leg heel raises endurance, lateral step-downs, controlled hopping progressions.
- Eccentric calf strengthening and peroneal endurance.

Running progression (typical)

- Begin treadmill walk-jog progression when:
 - Pain minimal, no reactive swelling
 - Near-symmetric ROM
 - Good single-leg balance/control
- Advance to cutting/pivoting and sport-specific drills later.

Return-to-sport criteria (practical)

- Pain-free functional hopping progressions.
 - Symmetric single-leg heel raises and balance testing.
 - Surgeon clearance.
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Complex Reconstruction Track (Tendon Transfer, Extensive Tendinosis, Grafting, and/or Corrective Osteotomy)

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PERONEAL TENDON REHAB PROTOCOL NICHOLAS L. STRASSER, MD

Applies to: peroneal tendon reconstruction with graft, tenodesis/transfer, or combined realignment osteotomy where you prefer **casting until 6 weeks**.

Phase 0: Protection (0 to 6 weeks)

Immobilization / WB

- Splint initially, then **short-leg cast** (your preference: cast through 6 weeks).
- **NWB for 6 weeks** (unless your osteotomy/fixation construct and soft-tissue quality support earlier progression—your call).

ROM

- Typically **no ankle inversion/eversion** during this period.
- If you allow any motion: limit to gentle DF/PF only, low amplitude.

Key precaution supported by graft-reconstruction literature

- **Avoid inversion-eversion early** to prevent stretching/elongation of the healing reconstruction and loss of strength. ([PMC](#))

Phase 1: Transition to Boot + Protected Motion (6 to 10 weeks)

- Convert cast → boot.
- Start progressive WB in boot (often partial → full).
- Begin DF/PF AROM/PROM; introduce inversion/eversion gradually **only when you feel the construct is ready**.

Phase 2: Strengthening (10 to 16+ weeks)

- Initiate peroneal strengthening later than the standard track.
- Proprioception and gait retraining.
- Sport progression often shifts later depending on osteotomy healing and tendon quality.

Evidence note: Reviews describing tenodesis/complex repairs frequently use longer casting/immobilization windows (6+ weeks) before transitioning to boot and delaying formal PT. ([PMC](#))

Red Flags / When to Slow Down

- Increasing lateral ankle pain that persists >24–48 hours after therapy sessions

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- Reactive swelling, warmth, or wound drainage
- “Popping” sensation or recurrent subluxation feeling
- Calf pain/swelling (rule out DVT urgently)

PubMed (Key Evidence Sources)

- **Systematic review of post-op rehab after operative peroneal tendon tears/ruptures** (summarizes common immobilization + timing patterns). ([PubMed](#))
- **Operative treatment review with a more conservative tenodesis pathway** (splint then prolonged casting in some tenodesis cases). ([PMC](#))
- **Peroneus brevis reconstruction with tendon graft: 2 weeks NWB cast → boot WBAT; PT focuses DF/PF; inversion/eversion prohibited early** (supports your “no aggressive eversion early,” especially for graft cases). ([PMC](#))