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REHAB PROTOCOL: Peroneal Tendonitis

Name:_____ **Date:**_____

Diagnosis:_____ **Date of Surgery:**_____

- Ice massage /ice nath/whirlpool
- Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
- Flexibility
- Compression – Aircast / Jobst Intermittent Compression
- Isometrics for Inversion / Eversion – Progress to Isokinetics and Isotonics
- Isotonics for Plantar/Dorsiflexion
- Proprioception training, BAPS
- Advance to Lateral step-ups, Sport-cord, Euroglide

Comments:

Frequency:_____**times per week** **Duration:**_____**weeks**

Signature:_____ **Date:**_____

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