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REHAB PROTOCOL: Peroneus Longus and/or Peroneus Brevis Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

I. INITIAL PHASE (weeks 1-6)

GOALS: Full soft tissue healing. Decrease swelling. Decrease pain.

A. Post-op Weeks 1-2

1. Short leg cast: non-weightbearing. Allow wounds to heal.

B. Post-Op Weeks 2-6

1. Remove short leg cast
2. Transition to walking boot
 - a. Dorsiflexion/plantar flexion exercises

II INTERMEDIATE PHASE (weeks 6-8)

GOALS: Improve muscular strength and endurance. Normalize joint arthrokinematics

A. Week 6-8

1. Addition of ankle inversion exercises
2. Continue to dorsiflexion/plantar flexion exercises
3. Continue walking boot

III ADVANCED PHASE (weeks 8-16)

GOAL: Preparation for returning athletic or functional activities

1. Full non-painful ROM
2. No pain or tenderness
3. Satisfactory clinical exam

A. 8-16 weeks

1. Addition of ankle eversion exercise, emphasizing muscular strength, endurance and flexibility

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2. Discontinue walking boot and initiate return to sport program

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____