**Superior Peroneal Retinaculum Reconstruction**

**Operative**

* Bi-valve cast, NWB x 3 weeks

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: 3 weeks: stitches out (if ready), CAM Boot x 3 weeks knee scooter. PT - when wound is healed

* After Wound healed - home dorsiflexion/plantarflexion activities

**THERAPY**: (3-6 weeks)

* Toe touch weightbearing (25% body weight)
* Active range of motion 2 planes (DF/PF)
* Active ROM of Toes – Towel Crunch/Marbles etc.
* Swelling protocol (Compression wraps, massage, RICE)
* Achilles stretching
* **NO ACTIVE EVERSION** (Gentle PROM for joint movement, tendon on slack)
* Hip and knee AROM.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: 6 weeks - CAM boot WBAT (Graduated ASO protocol)

**THERAPY**: (6-9 weeks)

* Achilles stretching and strengthening
* Active range of motion and strength 3 planes (DF/PF/INV)
* ACTIVE EVERSION - NO STRENGTHENING INTO EVERSION
* Gait training
* Swimming/ stationary cycling
* Scar Massage

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: 9 weeks - Progressive WB, out of CAM boot to ASO

**THERAPY**: (9-12 weeks)

* scar massage • heat • joint mobilizations
* stationary bicycle
* gait training
* **Low level** **balance and proprioceptive exercises**
* **Strengthening in eversion may commence**
* **At 12 weeks** - Linear running commencement
* Return to sports-Practice only. Braced and taped.

**THERAPY**: (12-14 weeks)

* High level balance/proprioceptive exercises
* At 13-14 weeks - lateral cutting and training exercises
* Return to sports.