

# Posterior Tibialis Reconstruction Protocol

Week One	Weeks Two To Four
<b>Initial Evaluation</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Edema</li> <li>➤ Assess RTW and sport expectations</li> <li>➤ Immobilized in PF/INV for 8 weeks</li> <li>➤ Gait (Typically NWB for 6-8 weeks)</li> <li>➤ Inspect incision</li> <li>➤ RTW and sport expectations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue NWB gait</li> <li>➤ Edema</li> <li>➤ Immobilized in PF/INV</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds</li> <li>➤ Ice and elevation 90% of the time</li> <li>➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 8-10 weeks depending on how the patient presents)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Week 3: ice and elevation 60-70% of the time</li> <li>➤ Return to driving week 3 or 4 if surgical ankle is the left</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Toe wiggles</li> <li>➤ SLR 4 ways</li> <li>➤ SAQ</li> <li>➤ LE stretch: HS, quads, hip flexors, ITB</li> </ul>	<ul style="list-style-type: none"> <li>➤ May add Cardiovascular program for upper body (UBE)</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction (After incision heals)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> </ul>	<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> <li>➤ Minimize deconditioning</li> </ul>

<b>Weeks Four To Eight</b>	<b>Weeks Eight To Twelve</b>
<b>Evaluate</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Assess Gait</li> <li>➤ Active ROM</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consider orthotic arch support</li> <li>➤ Gait</li> <li>➤ Active and Passive ROM</li> <li>➤ Balance</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Progress to WBAT with crutches at week 6</li> <li>➤ Cam boot in neutral</li> </ul>	<ul style="list-style-type: none"> <li>➤ Resume driving weeks 10-12 if surgical ankle is the right</li> <li>➤ Progress to FWB</li> <li>➤ Cam boot or Aircast</li> <li>➤ D/C boot week 9</li> <li>➤ Speed brace week 10</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Ankle isometrics 4 ways</li> <li>➤ Active DF week 4</li> <li>➤ AROM all motions</li> <li>➤ Open chain hip/knee/core strengthening</li> <li>➤ Continue cardiovascular program for upper body (UBE)</li> <li>➤ Towel crunch and side to side</li> </ul>	<ul style="list-style-type: none"> <li>➤ Stationary bicycle</li> <li>➤ PROM and AROM all planes</li> <li>➤ Continue AROM</li> <li>➤ Begin Ankle strengthening (pocketbook, resistive band) when AROM full all planes</li> <li>➤ Light theraband</li> <li>➤ Gastroc and soleus stretch</li> <li>➤ Closed chain vectors in brace or boot</li> <li>➤ Seated BAPS</li> <li>➤ Initiate closed chain strengthening (squats)</li> <li>➤ Balance and proprioception</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Scar massage</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> <li>➤ Minimize atrophy</li> <li>➤ D/C crutches when gait is normal</li> </ul>	<ul style="list-style-type: none"> <li>➤ Normal gait</li> <li>➤ Out of boot week 9</li> <li>➤ Full DF/PF ROM</li> </ul>

<b>Weeks Twelve To Discharge</b>
<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Assess and address altered biomechanics as needed</li> <li>➤ Functional movement assessment or screen where appropriate</li> <li>➤ Strength</li> <li>➤ Address residual RTW and sport expectations</li> </ul>
<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ No contact sports until 9 months post-op</li> <li>➤ Shoe or sneaker starting week 14</li> <li>➤ Continue speed brace</li> </ul>
<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Treadmill walking progression</li> <li>➤ Continue/progress LE strength, balance and proprioception as needed</li> <li>➤ Single leg heel raises</li> <li>➤ Plyometrics, agility and running progression at 24 weeks post</li> </ul>
<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Any as needed</li> </ul>
<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any as needed</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Return to sport unrestricted</li> <li>➤ Full ankle ROM</li> <li>➤ Normal strength</li> <li>➤ Walk 2 miles @ 15 min/mile pace</li> <li>➤ Normal gait</li> </ul>

**REFERENCES:**

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Churchill, R and Sferra, J: Posterior Tibial Tendon Insufficiency, It's Diagnosis, Management and Treatment. Am J Orthop. 1998

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