

EHL TENDON REPAIR GUIDELINES

We generally see this patient at 3 weeks postop. They should have some type of removable splint on that keeps the foot in dorsiflexion or neutral. The great toe should be in hyperextension. This splint should be easy to apply and remove so the patient does not have to tighten up any of the foot tendons to remove.

General Guidelines

1. Splint is worn for 4 weeks. Patient is nonweightbearing.
2. At 4 weeks, they get a walking boot. They are allowed to bear weight on the foot at this time. The foot and toe position should be the same as above. The walking boot sometimes has an insert at the heel, which actually puts them in some plantarflexion. This should be removed to maintain the foot in either dorsiflexion or neutral. Again, it's best if the toe is in hyperextension.

Week 3-4 Postop

You need to start moving the joints without putting any stress on the tendon repair. We also want some slight gliding of the tendon (3-8 mm) so the following is based on that premise.

1. Passive dorsiflexion and passive toe extension can be started and provided as a home exercise program.
2. Scar massage should be initiated; however, patient needs to maintain the position that they have in the cast and the foot/toe needs to be relaxed.
3. With foot passively held in dorsiflexion, AROM for toe flexion can be initiated, but only allow 0-10° of flexion.
4. Hold toe in extension. Have patient actively hold there while you remove your hand. Hold for 5 seconds. Repeat 5-10 times. (Place and Hold)

Week 4 Postop

1. Start with gentle active toe flexion with ankle in neutral.
2. With toe held in extension, have patient do active plantarflexion.

Week 5 Postop

1. Start active dorsiflexion with toe relaxed.
2. Active plantarflexion with toe relaxed.
3. Gentle passive toe flexion with ankle in neutral.
4. Active toe flexion with ankle in neutral and then in plantarflexion.
5. Continue with scar massage, passive dorsiflexion, place and hold.

Week 6 Postop

Patient can now stop using walking boot and/or crutches. MD generally recommends a turf toe protector to be used in the shoe whenever they are up walking. This is to protect the toe as it continues to heal. If patient is being seen by occupational therapist then they can be transferred for further work on motion, scar, strengthening, and foot mechanics.

1. Active and PROM in all directions
2. Continue with scar massage, if needed
3. Do not start anything resistive to the tendon until they are 8-10 weeks postop.
4. You can start closed chain activities, single-leg weightbearing (starting with support), balance activities on firm surface, etc.

Week 8-plus

Can do whatever you feel is appropriate at this time.