

PERONEAL TENDON SUBLUXATION AND DISLOCATION, SURGERY FOR



■ ■ ■ Indications (Who Needs Surgery, When, Why, and Goals)

Patients with acute or chronic peroneal tendon subluxation or dislocation are candidates for surgery to correct the problem. Some patients with acute injury may first try casting for 6 weeks, because this is felt to be successful in curing the problem in up to 50% of patients. Some doctors feel that athletes with this problem, even acutely, should be treated with surgery as soon as is reasonable after the injury due to the uncertain likelihood of success with nonoperative treatment. The goal is to place the tendons back within the groove and perform a procedure to help keep them there and prevent further subluxation or dislocation. This is done either by tightening or reattaching the retinaculum (the ligament-like tissue that covers the groove that the tendons run within) or using other structures to replace or give additional support to the retinaculum covering the groove. Sometimes the groove is shallow and needs to be deepened as well.

■ ■ ■ Contraindications (Reasons Not To Operate)

- Infection of the ankle
- Inability or unwillingness to complete the postoperative program of keeping off the foot or to perform the rehabilitation necessary

■ ■ ■ Risks and Complications of Surgery

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the foot and ankle
- Recurrence of subluxation or dislocation of the peroneal tendon
- Stretching out of the repair
- Continued pain and disability (inability to run, pivot, or rapidly change direction while running)
- Weakness of the muscles of the ankle
- Stiffness of ankle

■ ■ ■ Technique (What Is Done)

Different techniques are in use at this time. Currently one of the most popular techniques is to reattach the retinaculum back to the bone of the outer ankle while tightening the retinaculum to remove any slack. Other techniques involve rerouting the tendons, using other tendons or ligaments to replace the torn retinaculum, or using bone to block excess motion by the peroneal tendons. If the groove that the peroneal tendons usually sit in is shallow, many surgeons will also deepen the groove.

■ ■ ■ Postoperative Course

- Management after surgery varies.
- Keep the wound clean and dry for the first 10 to 14 days after surgery.
- Keep the foot and ankle elevated above heart level as much as possible for the first 1 to 2 weeks after surgery.
- You will be given pain medications by your physician.
- Casting is often used, varying from 4 to 8 weeks.
- Often you are not allowed to bear weight on the leg for between 2 to 6 weeks. This is followed by a short leg walking cast or brace for 3 to 6 weeks.
- Postoperative rehabilitation and exercises are very important to regain motion and then strength.

■ ■ ■ Return To Sports

- Return to sports depends on the type of sport and the position played, as well as the quality of retinaculum at the time of repair.
- A minimum of 3 months is necessary after surgery before return to sports.
- Full ankle motion and strength are necessary before returning to sports.

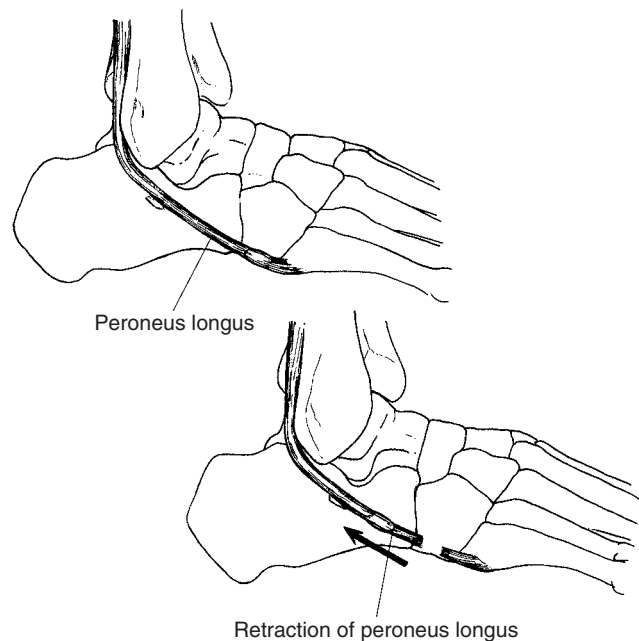


Figure 1

From Baxter DE: *The Foot and Ankle in Sport*. St. Louis, Mosby Year Book, 1995, p. 32.

■ ■ ■ Notify Our Office If

- You experience pain, numbness, or coldness in the foot and ankle
- Blue, gray, or dusky color appears in the toenails
- Any of the following occur after surgery:
 - Increased pain, swelling, redness, drainage or bleeding in the surgical area
 - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)

- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous.

EXERCISES

> RANGE OF MOTION AND STRETCHING EXERCISES • Peroneal Tendon Subluxation and Dislocation, Surgery For

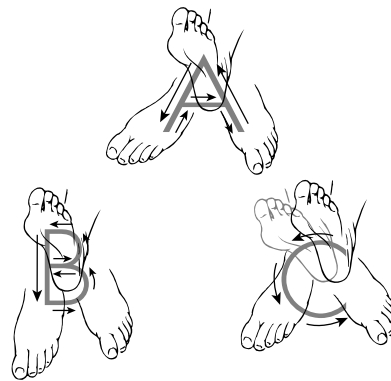
These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



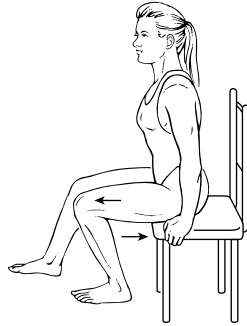
RANGE OF MOTION • Active Dorsi/Plantar Flexion

1. Pull your toes and foot toward your body as far as possible, then point the foot and toes away from body as far as possible.
2. Perform this exercise with the knee straight and then with the knee bent.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Ankle Alphabet

1. Write all the capital letters of the alphabet with your foot and ankle. The motion should come from your foot and ankle, not your hip or knee.
2. Move the foot and ankle slowly, writing the letters as large as possible/comfortable for you.
3. Repeat exercise _____ times, _____ times per day.



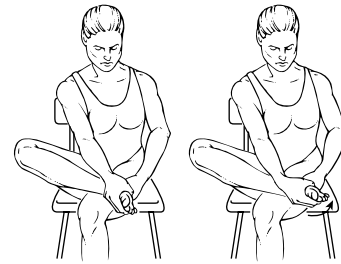
RANGE OF MOTION • Ankle Dorsiflexion

1. Sit on the edge of a chair as shown.
2. Place your _____ foot closest to the chair.
3. Keep your foot flat on the floor and move your knee forward over the foot.
4. Hold this position for _____ seconds.
5. Repeat exercise _____ times, _____ times per day.



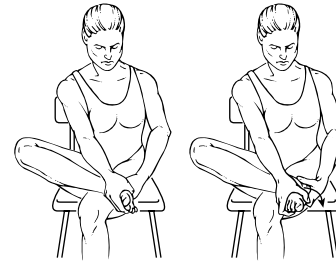
RANGE OF MOTION • Ankle Plantar Flexion

1. Sit in the position shown.
2. Using your hand, pull your toes and ankle down as shown so that you feel a gentle stretch.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Ankle Inversion

1. Sit with your _____ leg crossed over the other.
2. Grip the foot with your hands as shown and turn the sole of your foot upward and in so that you feel a stretch on the outside of the ankle.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.



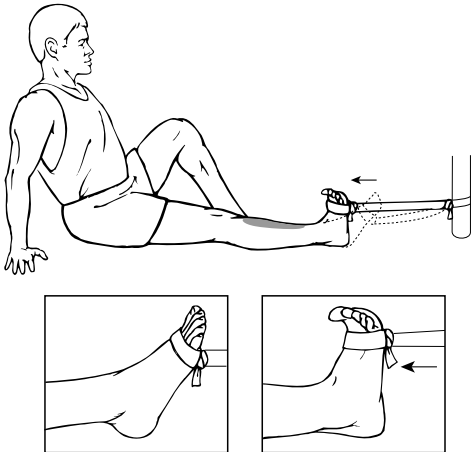
RANGE OF MOTION • Ankle Eversion

1. Sit with your _____ leg crossed over the other.
2. Grip the foot with your hands as shown and turn the sole of your foot upward and out so that you feel a stretch on the inside of the ankle.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.

➤ **STRENGTHENING EXERCISES** • Peroneal Tendon Subluxation and Dislocation, Surgery For

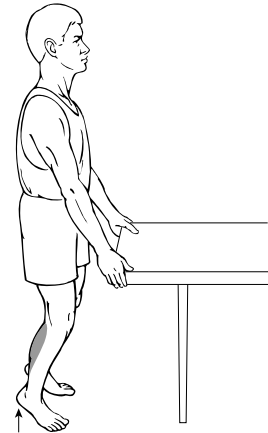
These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.



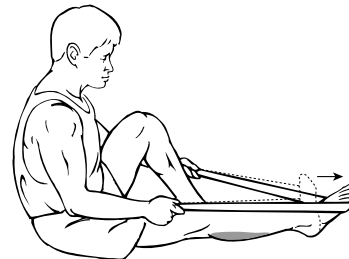
STRENGTH • Dorsiflexors

1. Attach one end of elastic band to fixed object or leg of table/desk. Loop the opposite end around your foot as shown.
2. Slowly pull the foot toward you. Hold this position for _____ seconds. Slowly return to starting position.
3. Repeat exercise _____ times, _____ times per day.



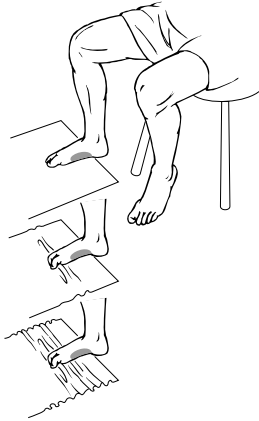
STRENGTH • Plantarflexors

1. Stand with feet shoulder-width apart. Hold on to counter or chair if necessary for balance.
2. Rise up on your toes as far as you can. Hold this position for _____ seconds.
3. Complete this exercise using only one leg if it is too easy using both legs.
4. Repeat exercise _____ times, _____ times per day.



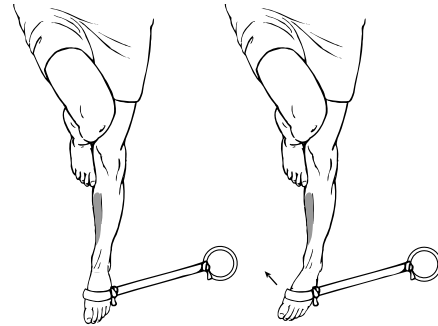
STRENGTH • Plantarflexors

1. Loop elastic band around foot as shown. Pull the band toward you with your hands.
2. Push your toes away from you slowly. Hold this position for _____ seconds. Slowly return to starting position.
3. Repeat exercise _____ times, _____ times per day.



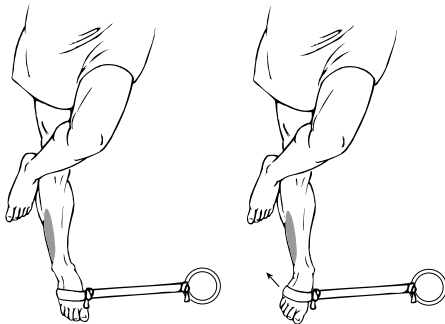
STRENGTH • Towel Curls

1. Sit in a chair and place a towel on a noncarpeted floor. Place your foot/toes on towel as shown. (You may also stand to do this exercise rather than sit.)
2. Curl/pull towel toward you with your toes while keeping your heel on the floor. Move towel with toes only. Do not move your knee or ankle.
3. If this is too easy, place a light weight (book, hand weight, etc.) at the far end of the towel.
4. Repeat exercise _____ times, _____ times per day.



STRENGTH • Ankle Inversion

1. Attach one end of elastic band to fixed object or leg of table/desk. Loop the opposite end around your foot.
2. Turn your toes/foot inward as far as possible, attempting to push your little toe down and in. Hold this position for _____ seconds.
3. Slowly return to starting position.
4. Repeat exercise _____ times, _____ times per day.



STRENGTH • Ankle Eversion

1. Attach one end of elastic band to fixed object or leg of table/desk. Loop the opposite end around your foot.
2. Turn your toes/foot outward as far as possible, attempting to pull your little toe up and outward. Hold this position for _____ seconds.
3. Slowly return to starting position.
4. Repeat exercise _____ times, _____ times per day.

Notes:

(Up to 4400 characters only)

Notes and suggestions