WORKERS' COMPENSATION BOARD
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Calcaneal Ligament Repair with Tendon Graft

Post-op Rehabilitation Guidelines

These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: **Calcaneal Ligament Repair with Tendon Graft**

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
WEEK 1–2	• Non-weight bearing in boot • Sutures removed at 10 days • Education: surgery, healing time, anatomy, phases of rehabilitation • Encourage activities of daily living • Rest and elevation to control swelling • Control pain • Hip and knee active range of motion	• Rest • Control swelling and pain • activities of daily living	
WEEK 3-6	• Full weight bearing in walker boot at all times • Shower without boot • Elevation to control swelling as start to weight bearing • Massage for swelling • Gentle active range of motion: ankle and foot: plantar flexion /dorsi flexion /eversion and toe flexion/ extension (2x/day @ 30 repetition) • Progress to stationary bicycle in boot • Core exercises: abdominal recruitment, bridging, ball reach, arm pulleys /theraband in proprioceptive neuromuscular facilitation patterns • Hip: active range of motion - strength: clam, sidelift, gluteus maximus, straight leg raise • Knee: active range of motion - strength: straight leg raise, theraband press • Stretch gluteus maximus, gluteus medius, piriformis, rectus abdominis, hamstrings	• Full weight bearing in boot with no swelling	

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Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
WEEK 7-10	• Wean from walker boot by ± week 8 • Control swelling with elevation and modalities as required • Stationary bike • Active range of motion ankle and foot in all directions: gentle inversion & eversion • Mobilization of foot and ankle in directions that do not directly stress repair • Muscle stimulation to intrinsics, invertors and evertors as necessary • Continue with: core exercises, hip and knee strengthening ▪ Gait retraining – correct knee hyperextension and hip rotation that may occur due to wearing boot	• full weight bearing without boot with no swelling • full plantar flexion and dorsi flexion	
WEEK 11-12	• Add: core exercises – strengthening in standing • Hip: strengthening single leg with resistance • Knee: leg press • Ankle: - toe raises through range - inversion/eversion against resistance through range • Manual mobilization • Start proprioception and balance	• full active range of motion ankle and foot • normal gait pattern	
WEEK 13-16	• Emphasize 1. Proprioception: - single leg, even surface - single leg, even surface, resistance to arms or non weight bearing leg - double leg stance on wobble board, Sissel, Fitter - single leg stance on wobble board or Sissel 2. Strength: toe raises, lunges, squats, hopping (14+ weeks), running (14+ weeks), bench jumps (14+ weeks) • Manual mobilization to attain normal glides and full physiological range of motion	• full functional range of motion all movements in weight bearing • good balance on surgical side on even surface • near full strength lower extremity	
WEEK 16+	• Continue building endurance, strength and proprioception • Plyometric training	• full function • good endurance	

Special Considerations:

Time frames for each phase will depend on:

- Specific surgical procedures performed
- Unforeseen Post-operative Complications (eg: Infection, CRPS)
- Surgeon Preference

Developed by:

The post-operative rehabilitation guidelines are based on protocols identified from an extensive review of the current surgical and rehabilitation literature along with VSC and community orthopaedic surgeon, physical medicine specialist, and sports medicine physician input. The Orthopaedic Section of the BCMA has reviewed these guidelines during their development and has been helpful in that process. Representatives from the Physiotherapy Association of B.C. have also reviewed these guidelines.