

Tibialis Posterior Tendon Reconstruction (FDL tendon transfer or Cobb procedure) Post-Operative Rehabilitation Protocol

Phase 1- Weeks 1-6:

Physiotherapy goals:

- Maintain independent ambulation
- Pain and oedema control
- Protection of operated foot in a short-leg non-weight-bearing cast in a plantarflexed and inverted position

Interventions:

- Patient discharged from hospital in a below-knee plaster of Paris backslab
- Mobilisation with crutches, non-weight-bearing for 6 weeks
- Encouraged to maintain limb elevation for “55 minutes in the hour”
- Attend clinic no later than 2 weeks post-op for removal of sutures
- Change of cast every 2 weeks with less plantarflexion and inversion until neutral at 6 weeks

Phase 2- Weeks 6-12:

Physiotherapy goals:

- Protection of the healing tissues in a pneumatic walker for 4-6 weeks
- Activation of the tendon transfer using biofeedback
- Progressive weight-bearing and normalization of gait without walking aids
- Pain and oedema control
- Wean from pneumatic walker

Precautions:

- No strength training/activation against resistance of tendon transfer until week 12
- No stretching of the tendon transfer
- Avoid prolonged walking and standing
- Consider additional procedures patient may have had (e.g. midfoot fusion) in context of mobilisation restrictions surgical team may have implemented

Interventions:

- Progressive weight-bearing in the pneumatic walker. May require an insole for support when progressing to footwear
- Pain and oedema control with ultrasound/cryotherapy/deep tissue massage
- Biofeedback to select-out and activate the tendon transfer
- Gentle Gastroc/soleus stretching, but not of the tendon transfer
- Strengthen other muscles as appropriate- gastroc/soleus, tibialis anterior

Phase 3- 3-6 months:

Physiotherapy goals:

- Restore full range of motion (ROM) and 4-5/5 power in all muscles by 6 months
- Normal walking in standard footwear without walking aids

Interventions:

- Gait training
- Continue oedema control and ROM exercises
- Gastroc/soleus stretches
- Strengthen foot intrinsic muscles
- Begin resisted active ROM exercises in all planes of motion from 3 months utilising closed and open chain exercises
- Commence double and then single heel raises at 6 months

Phase 4- 6-12 months:

Physiotherapy goals:

- Patient to increase level of activity independently
- Aim for grade 5/5 inversion strength
- Able to undertake a single heel raise stance
- Return to sport if appropriate

Interventions:

- Increase strengthening of all muscle groups against resistance
- Commence jogging, running, stair climbing
- Proprioceptive drills