



The Children's Hospital



CGMA

Center for Gait and Movement Analysis

PT06: Split posterior tibialis tendon transfer to the peroneus brevis

Indications: Equinovarus ankle/ foot deformity with out of phase posterior tibialis activity

Procedure: Transfer of the lateral ½ of the posterior tibialis insertion from the navicular to the peroneus brevis tendon, distal to the lateral malleolus. The tendon is split longitudinally up to the musculotendinous junction

Casting: Short leg cast for ~6 weeks total, 1st 3 weeks non weight bearing, 2nd 3 weeks weight bearing as tolerated

Healing Time: Approximately 6 weeks

Precautions: -Avoid activities that place the patient at risk for forceful inversion

Contraindications:

- Avoid forceful, resisted muscular contraction, avoid impact activities

Phase 1: Post-op day 1-7

Goals: -protect the surgical site including the incision and underlying surgical tissues

- home exercise instruction including positioning, stretching, ADL function

- isometric contraction of the gluts, quads, hamstrings

Criteria to Progress:

- safe mobility for ADL completion

- able to demonstrate understanding of home exercises and precautions

Phase 2: Post-op day 8-21

Goals: -independent SLR all planes with cast donned

- begin weight bearing activities with cast at the end of post-op week 3

Criteria to Progress:

- uneventful healing of surgical tissues

Phase 3: Post-op 22 to completion of PT care

Goals: -full ankle ROM, all planes

- weight bearing, balance activities

- neutral foot alignment during stance and swing phases of gait

- improve strength of the lower leg with emphasis on ankle dorsiflexion, gastroc-soleus, may use theraband for ankle inversion/eversion strengthening at 6 weeks post-op

- closed chain proprioception exercises

- Transverse friction massage to surgical scar to improve mobility once the incision is closed (Approx. 4-6 weeks)

- independent management with home exercises

When multiple procedures are performed at the same surgical event, the post-op physical therapy care needs to default to the most conservative time frames and guidelines.