



Post Surgery Instructions
Anterior Tibial Tendon Reconstruction

General Treatment Facts

- The goal of this surgery is to return you to full strength and stability in the shortest amount of time.
- This surgery will repair the ruptured tendon to prevent foot drop.
- You will NOT be able to bear weight on the operative ankle for 2 weeks after surgery.

Post Surgery Course

Day 1

- The ankle will be wrapped in a soft cast with lots of padding. If for any reason your splint is uncomfortable or too tight, remove the ACE bandage, loosen padding, and re-apply to your comfort level.
- It is important to ice and elevate the foot, take pain medication and rest as needed.
- No weight bearing on the operative ankle.
- Do not get the splint wet.
- Begin static dorsiflexion exercises in the splint (bring toes toward knee) at home. DO NOT plantar flex the foot (point your toes down).

Day 4

- Pain should improve after the 3rd day. If your pain has worsened since day 3 or you have a fever and/or chills, please call the office.
- Wiggle toes in splint as tolerated.
- Work the knee, hip, and upper extremities as tolerated.

2 Weeks (approximately)

- First post-operative visit.
- Your splint will be taken off and your sutures will be removed.
- You will be placed in a boot with your ankle in a neutral position to prevent a large amount of range of motion. You must sleep in the boot to prevent your ankle from being pulled downward into plantar flexion. This motion could weaken the repaired tendon.
- Progress to full weight bearing on the ankle in the boot. Use the crutches for added stability.
- Avoid plantar flexion (pointing the foot down) and inversion (turning the foot inward) ankle movement.
- It is crucial to hold the foot dorsiflexed when changing the splints or when placing the foot on the floor to shower. DO NOT plantar flex the foot.

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- If the incision is healing well, you may get the ankle wet in the shower 2-3 days after your post-operative visit (remember to hold up the toes when removing the splint while getting in and out of the shower).

3 Weeks

- If the incision is healed, you may submerge the ankle under water.
- Continue wearing the boot as instructed.
- Avoid plantar flexion and inversion ankle movements.

6 Weeks

- Start physical therapy (may vary).
- Introduce supervised range of motion and closed chain active muscle strengthening exercises.
- Perform active inversion, eversion, plantarflexion, and dorsiflexion with gradual increase in resistance.
- Caution with ankle plantarflexion.

3 Months

- Wean out of boot into a comfortable tennis shoe (typically over 2-5 days).
- Increase activity, avoiding forced plantar flexion. Some patients find wearing a lace up ankle brace helpful, but this is not required.
- Be careful going down hills, inclines, and slopes.

6 Months

- May resume hiking, kicking, jumping, and jogging as tolerated.