

## **REHABILITATION FOLLOWING TENEX OF PLANTAR FASCIA**

This protocol is designed to be a general guideline and can be adjusted with respect to age, size of lesion, overall patient health and history of injury.

### **IMMEDIATE POST PROCEDURE – INFLAMMATORY PHASE (Week 1 – 2)**

**Goals:**           Protect healing tissue  
                          Decrease pain  
                          Minimize muscular atrophy  
                          Protect site – allow healing

**NO ICE/NSAIDs (Motrin/Alleve/Ibuprofen/Naproxen/Advil, etc.) for 1 week before and 2 weeks after procedure. Tylenol (acetaminophen is OK)**

**Ambulation:**   Partial Weight Bearing  
                          :   Crutches may be indicated by physician for 5-7 days  
                                  Walking boot to be worn for 10-14 days

**ROM:**            Initiate active and passive ankle and toe ROM in all planes to tolerance

**Exercise:**       **Day 1-7:**  
                          Gastroc/soleus towel stretching to tolerance  
                          Plantar fascia/great toe stretching to tolerance  
                          4-way straight leg raises and clamshells for hip strengthening  
                          Open chain quadriceps and hamstring strengthening  
                          Intrinsic foot strengthening and toe yoga  
                          ½ kneeling stability training-perform bilaterally  
                          Self-mobilization of calf (ball or roller)  
                          Straight leg bridges- legs on bolster

### **PROLIFERATION PHASE (Week 2 – 4)**

**Goals:**           Gradual increase to full AROM  
                          Promote healing of tissue  
                          Regain and improve muscular strength  
                          Gradually increase applied stress  
                          Restore normal joint mobility in all planes  
                          Initiate weight bearing out of boot and restore normal gait

**ROM:**            Progress to full pain-free ROM in all planes

**Ambulation:**   Remove boot after 2 weeks and ambulate as tolerated without assistive device

                          If pain is felt with ambulation out of boot, wait another week

**Exercise:**    **Day 8-21:**

Continue with gastroc/soleus/plantar fascia stretching and STM  
Seated calf raises  
Seated active ankle DF  
4 way ankle theraband  
Continue with intrinsic strengthening  
Initiate standing balance/proprioception drills (double leg to single leg)  
Initiate stationary bike or seated stepper out of boot  
Bent knee bridge- progress to single leg as able  
Seated BAPS board  
Continue hip strengthening exercises  
Mini squats- **Week 3**

**MATURATION PHASE (Week 4 – 6)**

**Goals:**        Obtain normal, non-painful gait  
Progress to full functional weight bearing activities without pain  
Improve dynamic ankle stability through advanced non-impact exercises

**Exercise:**     Continue aerobic conditioning (stationary bike, elliptical, seated stepper)  
Continue hip and core strengthening exercises  
Progress single leg balance activities to unstable surface  
Mini-band walks  
CKC strengthening exercises

- Step-ups
- Lateral step-downs
- Squats
- Reverse lunges, side lunges
- Eccentric heel raises

Initiate pool jogging

**ADVANCE STRENGTHENING (Week 6 – Beyond)**

Criteria to entering next phase

- ➔ Full non painful ROM
- ➔ Normal, pain-free gait
- ➔ Satisfactory clinical exam

**Goals:**        Continue to increase strength, power, and endurance of lower extremities  
Gradual increase to sport/recreational activities

**Exercise:**     Continue to increase load to Achilles tendon as tolerated  
Progress closed chain strengthening exercises  
Initiate low level plyometrics (double leg, progress to single leg)  
Initiate walk/jog program week 10-12  
Initiate agility drills as tolerated  
Progress to return to sport/activity as tolerated