

REHABILITATION GUIDELINES FOR ACHILLES TENDON REPAIR PROTOCOL

PHASE I (0-4 WEEKS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> MD follow-up visit 2 weeks Begin physical therapy 10-14 days after surgery
Rehabilitation Goals	<ul style="list-style-type: none"> Protection of the surgically repaired tendon Wound healing
Precautions	<ul style="list-style-type: none"> In splint/cast applied by MD postoperatively NWB X 4 weeks with crutches Keep the incision dry and watch for signs of infection
Suggested Cardiovascular Exercise	<ul style="list-style-type: none"> Upper Body Ergometer (UBE)
Progression Criteria	<ul style="list-style-type: none"> Pain and edema control

PHASE II (4-6 WEEKS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> Continue physical therapy 2 times per week
Rehabilitation Goals	<ul style="list-style-type: none"> Protection of the post-surgical repair Ankle ROM (Active dorsiflexion to neutral)
Precautions	<ul style="list-style-type: none"> WBAT 4-6 weeks with heel lift in CAM boot and crutches Active dorsiflexion (to neutral DF only) Seated ankle strength initiated with light resistance only
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Pain-free active ankle range of motion (ROM), including ankle alphabet (neutral DF only) ankle pumps, etc. Pain-free isometric ankle inversion, eversion, and dorsiflexion to neutral only Open chain hip and core strengthening
Suggested Cardiovascular Exercises	<ul style="list-style-type: none"> UBE Bike light resistance with CAM boot on
Progression Criteria	<ul style="list-style-type: none"> Edema and pain control Pain-free active dorsiflexion to 0°

PHASE III (6-8 WEEKS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> • MD follow-up visit x 6 weeks • Continue physical therapy 2x per week
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize gait on level surfaces without boot or heel lift • Active ROM between 5° of dorsiflexion and 40° of plantarflexion
Precautions	<ul style="list-style-type: none"> • FWB weaning from CAM boot to supportive shoe • Avoid over-stressing the repair (forceful plantarflexion while in a DF position) • No impact activities
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Frontal and sagittal plane stepping drills (side step, cross-over step, grapevine step) • Active ankle ROM • Gentle gastrocnemius/soleus stretching • Bilateral calf raises • Static balance exercises (begin in 2 foot stand progress to narrow base of support and gradually progress to single leg stand) • Ankle strengthening with resistive tubing • Low velocity and partial ROM for functional movements (squat, step back, lunge) • Hip and core strengthening • Pool exercises if the wound is completely healed
Suggested Cardiovascular Exercise	<ul style="list-style-type: none"> • UBE • Bike • Walking in Pool (no swimming)
Progression Criteria	<ul style="list-style-type: none"> • Normal gait mechanics in supportive shoe • Squat to 30° knee flexion without weight shift • Single leg stand with good control for 10 seconds • Active ROM between 5° of dorsiflexion and 40° of plantarflexion

PHASE IV (8-12 WEEKS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> • Continue physical therapy 1-2 x week
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize gait on all surfaces without heel lift • Single leg stand with good control for 30 seconds • Active ROM between 15° of dorsiflexion and 50° of plantarflexion • Good control and no pain with functional movements, including step up/down, squat and lunges
Precautions	<ul style="list-style-type: none"> • No impact activities • Do not perform exercises that create movement compensations
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Frontal and transverse plane agility drills • Weight bearing ankle range of motion and stretching • Multi-plane proprioceptive exercises – single leg stand • Concentric and eccentric gastroc strengthening • Functional movements (squat, step back, lunge) • Hip and core strengthening

Cardiovascular Exercises	<ul style="list-style-type: none"> • Stationary Bike, • Walking on level surface • Swimming x 10 -12 weeks
Progression Criteria	<ul style="list-style-type: none"> • Normal gait mechanics on all surfaces • Squat and lunge to 90° knee flexion without weight shift • Single leg stand with good control for 30 seconds • Active ROM between 15° of dorsiflexion and 50° of plantarflexion

PHASE V (3-6 MONTHS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> • Continue physical therapy 1x week prn
Rehabilitation Goals	<ul style="list-style-type: none"> • Good control and no pain with sport and work specific movements, including impact
Precautions	<ul style="list-style-type: none"> • Post-activity soreness should resolve within 24 hours • Initiate plyometric exercise • Slow progression to running
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot • Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities • Sport/work specific balance and proprioceptive drills • Hip and core strengthening • Stretching for patient specific muscle imbalances
Cardiovascular Exercise	<ul style="list-style-type: none"> • Replicate sport or work specific energy demands
Return to Sport/Work Criteria	<ul style="list-style-type: none"> • Dynamic neuromuscular control with multi-plane activities, without pain or swelling

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References: University of Wisconsin Sports Medicine

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