

REHABILITATION GUIDELINES FOR ACHILLES TENDON REPAIR STANDARD PROTOCOL

PHASE I (0-2 WEEKS)

DATES:

Appointments	Begin physical therapy 2 weeks days after surgery
Rehabilitation Goals	Protection of the surgically repaired tendon Wound healing
Precautions	In splint applied by MD postoperatively NWB X 4 weeks Keep the incision dry Watch for signs of infection Avoid long periods of dependent positioning of the foot during the first week to assist in wound healing
Suggested Cardiovascular Exercise	Upper Body Ergometer (UBE) circuit training
Progression Criteria	Two weeks after surgery

PHASE II (2 - 6 WEEKS)

DATES:

Appointments	PT Typically 2 times per week
Rehabilitation Goals	Protection of the post-surgical repair

Precautions	NWB in CAM boot with Achilles wedge x 4' NO stretching into dorsiflexion or NO resistance Can immerse wound into water after 3 weeks if wound is completely healed/no scab Watch for signs of poor wound healing
Suggested Therapeutic Exercises	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 Active plantar/dorsiflexion 10 reps 3 x a day as tolerated
Suggested Cardiovascular Exercises	Upper body ergometer or upper extremity circuit training
Progression Criteria	6-week post operative Pain-free active dorsiflexion to 0° No wound complications; however, if wound complications occur then consult with a physician

PHASE III (6-10 WEEKS)

DATES:

Appointments	Rehabilitation appointments are 2x per week
Rehabilitation Goals	Normalize gait on level surfaces without boot with heel lift in shoe Active ROM between 5° of dorsiflexion and 40° of plantarflexion
Precautions	Slowly wean from use of the boot Avoid over-stressing the repair (avoid large movements in the sagittal plane; any forceful plantarflexion while in a dorsiflexed position; aggressive passive ROM; and impact activities)
Suggested Therapeutic Exercises	Frontal and sagittal plane stepping drills (side step, cross-over step, grapevine step) Active ankle ROM Gentle gastroc/soleus stretching 2 foot standing nose touches 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	Upper body ergometer or upper extremity circuit training
Progression Criteria	Normal gait mechanics without the boot Squat to 30° knee flexion without weight shift Single leg stance with good control for 10 seconds Active ROM between 5° of dorsiflexion and 40° of plantarflexion

PHASE IV (USUALLY 10-16 WEEKS POST-OP)

DATES:

Appointments	Rehabilitation appointments are once every 1 to 2 weeks
Rehabilitation Goals	Normalize gait on all surfaces without boot or heel lift Single leg stance with good control for 10 seconds Active ROM between 10° of dorsiflexion and 50° of plantarflexion Good control and no pain with functional movements, including step up/down, squat and lunges
Precautions	Avoid forceful impact activities Do not perform exercises that create movement compensations
Suggested Therapeutic Exercises	Frontal and transverse plane agility drills (progress from low velocity to high, then gradually adding in sagittal plane drills) Active ankle range of motion Multi-plane proprioceptive exercises – single leg stand 1 foot standing nose touches Ankle strengthening – concentric and eccentric gastroc strengthening Functional movements (squat, step back, lunge) Hip and core strengthening
Cardiovascular Exercises	Stationary Bike, Stair Master, Swimming

Progression Criteria	Normal gait mechanics without the boot on all surfaces Squat and lunge to 70° knee flexion without weight shift Single leg stance with good control for 10 seconds Active ROM between 10° of dorsiflexion and 50° of plantarflexion
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PHASE V (USUALLY 4 MONTHS POST-OP)

DATES:

Appointments	Rehabilitation appointments are once every 1 to 2 weeks
Rehabilitation Goals	Good control and no pain with sport and work specific movements, including impact
Precautions	Post-activity soreness should resolve within 24 hours Avoid post-activity swelling Avoid running with a limp
Suggested Therapeutic Exercises	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	Replicate sport or work specific energy demands
Return to Sport/Work Criteria	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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