

Achilles Debridement with Reattachment Protocol

Dr. Scott M. Holthusen

This protocol provides a general guideline for recovery and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient. It may take up to a year to make full recovery, and it is not unusual to have intermittent pains and aches during that time.

*****Please fax initial assessment and subsequent progress notes directly to Dr. Holthusen at (952) 442-2029.**

PHASE 1: WEEKS 1-2

Goals

- Non weight bearing in post op splint
 - Can rest foot down when standing, but do not apply weight
- Rest and recovery from surgery
- Control swelling and pain with elevation and activity modification
- Gradual increase of ADL (activities of daily living)

Guidelines

- Will use crutches or a knee scooter for 6 weeks
- Education: surgery, anatomy, healing time, rehab phases
- Encourage ADL as much as possible
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Sutures removed at 10-14 days

*2-week PA appointment

PHASE 2: WEEKS 3-6

Goals

- Begin weight bearing progression in CAM Boot
- Continue hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches or knee scooter
- Control swelling with elevation

Guidelines

- Partial WB in walker boot: in PF position (+/- heel lift) and progress to full weight bearing over next 4 weeks.
 - Remove portion of heel lift every 1-2 weeks
- May remove boot for hygiene and gentle range of motion exercises
- Must stay in boot while sleeping
- Massage of foot to decrease edema (light massage, start from toes and work towards ankle)

- Core exercises:
 - Abdominal recruitment
 - Bridging on ball with feet lightly against wall
 - Ball reach
- Arm pulleys or resisted Thera-band diagonals
- Toe flexion/extension
- Hip: AROM (active range of motion)
- Strength: clams, side lifts, gluteus maximus, SLR (straight leg raise)
- Knee: AROM
- Strength: SLR, side lifts, prone leg lifts
- Thera-band press – progress to leg press machine at 21 days
- Stretching: glut max, glut med, piriformis, hamstring gentle, rectus femoris
- Upper extremity exercises: progress as tolerated

*6-week MD appointment

PHASE 3: WEEKS 7-12

Goals

- Progress weight bearing in CAM boot and transition to regular shoe wear in 1-2 weeks with possible temporary heel lift if needed
- Increase core, hip, and knee Strength
- Begin light stretching
- Try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle)

Guidelines

- Swelling control with elevation and modalities as required
- AROM at ankle: PF (plantar flexion), inversion/eversion, DF (dorsiflexion) to first point of resistance
- Manual mobilization of foot as required
- Continue core, hip and knee strengthening (do exercises with brace on)
- Begin double leg heel raises if tolerated

*12 Week MD appointment

PHASE 4: WEEKS 13-16

Goals

- Full weight bearing in shoe wear
- Near 75% strength
- Good proprioception in single leg support

Guidelines

- Increase WB tolerance
- TheraBand: inversion/eversion, DF
- May begin elliptical or stationary bike
- ROM exercises:
 - Gentle calf stretches
 - Manual mobilization as required

- Calf press and Leg press
- Proprioceptive exercises
 - Single leg support
 - Progress to wobble board, sissel, fitter
- Swimming
- Stepper
- Eccentric drops

PHASE 5: WEEK 17+

Goals

- Full lower extremity strength
- Progress to maximum function

Guidelines

- Work or sport specific activity
- Emphasis on
 - Proprioception: wobble board, Sissel, Fitter
 - Strength training through range
- Running

PHASE 6: WEEKS 24+

Goals

- Regain strength and return to higher levels of activity/sports