



## Achilles Tendon Repair Protocol

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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

- Continue hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches or knee scooter

#### Guidelines

- Partial WB in walker boot: in PF position (with heel lift) and progress to full weight bearing over next 4 weeks.
- Shower when wound dry

- Massage of foot to decrease edema (light massage, start from toes and work towards ankle)
- Control swelling with elevation
- 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 7-10

#### Goals

- FWB in walker boot, remove 1/3 of heel lift
- May transition to shoe with small heel lift in 1-2 weeks, when comfortable
- Increase core, hip, and knee Strength

#### 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
- Gentle mobilization subtalar
- Continue core, hip and knee strengthening (do exercises with brace on)
- Try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle)

### PHASE 4: WEEKS 11-12

#### Goals

- Increase DF

#### Guidelines

- Stationary bicycle: start to add tension
- Sitting: active PF exercises, DF to tolerance

\*12 Week MD appointment

## PHASE 5: WEEKS 13-16

### Goals

- FWB, may take lift out of shoe when comfortable/no swelling or pain
- Near 75% strength
- Good proprioception in single leg support

### Guidelines

- Increase WB tolerance
- TheraBand: inversion/eversion, DF
- ROM exercises:
  - Gentle calf stretches
  - Manual mobilization as required
- Calf press
- Leg press
- Proprioceptive exercises
  - Single leg support
  - Progress to wobble board, sissel, fitter
- Gait retraining
- Swimming
- Stepper
- Eccentric drops

## PHASE 6: WEEK 16+

### Goals

- Full lower extremity strength
- Maximum function

### Guidelines

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

## PHASE 7: WEEKS 26+

- Return to competitive sport

**Note: Risk of re-rupture if jumping down from a height**