

Achilles Tendon Repair Post-Op Rehabilitation Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

******Please fax initial assessment and subsequent progress notes directly to Dr. Coetzee at 952-456-7641******

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

Phase I: Weeks 1-2

Goals

- Rest and recovery from surgery
- Control swelling and pain
- Gradual increase of ADL (activities of daily living)

Guidelines

- Will be in a shortleg Cast. NWB (non weight bearing) when walking. Can put foot down when standing
- Will use crutches or a Roll-About for 6 weeks
- Education: surgery, anatomy, healing time, rehab phases
- Encourage ADL as much as possible
- Rest and elevation between ADL
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Sutures removed at 10 -14 days

Phase II: Weeks 3-6

Goals

- Maintain hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches or Roll-About

Guidelines

- Partial WB in walker boot: in PF position – remove one wedge every 3 weeks
- Shower when wound clear
- Massage of foot to decrease edema (light massage start from toes and work towards ankle)
- Control swelling with elevation

Phase II: Weeks 3-6 (cont.)

- Core exercises:
 - Abdominal recruitment
 - Bridging on ball with feet lightly against wall
 - Ball reach
 - Arm pulleys or resisted theraband diagonals
- Toe flexion/extension
- Hip: AROM (active range of motion)
 - strength: clams, sidelifts, gluteus maximus, SLR (straight leg raise)
- Knee: AROM
 - strength: SLR, side lifts, prone leg lifts
 - theraband 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

Phase III: Weeks 7-10

Goals

- FWB in walker boot, may transition to shoe while using heel lift (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 IV: Weeks 10-12

Goals

- Increase DF

Guidelines

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

Phase V: 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

Phase V: Weeks 13-16 (cont.)

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
- Progress to advance dynamic drills 16 + weeks
 - hopping
 - skipping
 - progress to sport specific drills 16 + weeks

Phase VI: Week 16+

Goals

- Full lower extremity strength
- Maximum function

Guidelines

- Work or sport specific activity
- Work to control arch
- Emphasis on
 1. Proprioception: wobble board
 - Sissel
 - Fitter
 2. Strength training through range
 - running

Phase VII: Weeks 26

- Return to competitive sport

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