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## **ACHILLES TENDON REHABILITATION PROTOCOL**

### **Pre-op: Gait training**

### **Post-op: Week 2**

- Post-op splint is removed and removable boot applied with heel lifts to maintain 20 degree plantarflexion.
- Stitches are removed.
- Weight bearing is initiated and progressed as tolerated.
- Soft tissue/scar mobilization.
- ROM exercises: plantarflexion/dorsiflexion from 20 degrees to full plantarflexion, 2 sets of 20 repetitions; circumduction (both directions), 2 sets of 10 repetitions.
- Strengthening exercises: Isometric inversion/eversion, 2 sets of 10 repetitions with ankle at 20 degrees of plantarflexion; toe curls with towel and weight; hamstring curls in prone with boot on for resistance, 2 sets of 10 repetitions.
- Cryotherapy

### **Post-op: Week 3**

- Progress weight bearing to full weight as tolerated in boot with 2 heel lifts.
- Soft tissue/scar mobilization.
- Begin stationary bike in boot with low resistance.
- Aqua therapy may begin without any weight bearing by using flotation device. ROM, walking or running in the water are done to preserve fitness level. –Aqua therapy is not necessary, but if available may be used.
- ROM exercise: Continue as before, may progress to gentle stretch to neutral ankle position with use of strap or towel.
- Strengthening: Isometric inversion/eversion, dorsiflexion/plantarflexion 2 sets of 10 repetitions to progress to 2 sets of 20 reps over the course of week 3; begin light band resisted inversion/eversion, dorsiflexion and plantarflexion, 2 sets of 10 repetitions. Prone knee flexion 2 sets of 20 repetitions.
- Cryotherapy

## **Post-op: Weeks 4 – 6**

- Weight bearing to full in boot brace with heel lift.
- Take one lift out at week 5.
- Take the other lift out of week 6, therefore at 6 weeks you should be in the boot with no lifts.
- Gentle cross fiber massage to Achilles tendon.
- Ultrasound, phonophoresis, electrical stimulation used to decrease inflammation and scar formation.
- Stationary bike up to 20 minutes with minimal resistance and aqua therapy as outlined in week 3.
- Gentle stretching of Achilles tendon with towel or in standing (if limited to less than neutral position only). Stretch with knee extended and flexed to 40 degrees.
- Strengthening: Isometric exercise as on week 3; increase resistive band exercise for plantarflexion, dorsiflexion, inversion and eversion, 3 sets of 20 repetitions.
- Hamstring curls to facilitate gastrocnemius muscle without flexing the ankle. May be done in prone or standing with light resistance, 3 sets of 20 repetitions.

## **Post-op: Week 6**

- Patient progresses from boot to shoe with heel lift.
- Stationary bike without boot and with progressive resistance.
- Gentle stretching exercise to neutral ankle position.
- BTE PROM, isometric and isotonic exercise.
- Weight shifting and unilateral balance exercise seated on therapeutic ball.
- Closed chain, PWB strengthening of plantarflexors (neutral through full plantarflexion).
- Seated heel raises.
- Total gym heel raises (low angle).
- Hamstring curls with light resistance.
- Open chain strengthening of foot and ankle musculature-band (light to medium resistance).
- Gait training with concentration on weight shifting heel to toe over involved foot and side to side weight shifting.
- Begin stair stepper with involved limb only.
- Aqua therapy (especially good for obese patients to initiate weight bearing activity and athletes to maintain conditioning): walking in water (waist deep or greater), standing heel raises (water at least waist deep or greater), flutter kick with kick board (with or without fins as tolerated), conditioning exercise.
- Soft tissue mobilization.
- Modalities to control edema and pain.

## **Post-op: Week 8 – 9**

- Patient is wearing shoe full time with heel lift.
- Stationary bike-increased resistance and time.
- Gentle training-step over progressing higher steps as able.
- BTE isotonic and isometric exercise for plantarflexion strengthening (eccentric bias).
- Band resisted inversion and eversion in seated position with foot flat on floor and band around ankle.
- Band resisted dorsiflexion (open chain).
- Total gym with increased angle for heel raises and short arc squats. Begin unilateral eccentric plantarflexion exercise.
- Short arc squats in standing.
- Hamstring curls (progressive resisted exercises-PRE).
- Progress to standing heel raises using uninvolved LE to assist involved LE.
- Progress to standing balance exercise in tandem and then single leg support.
  - Use perturbation to increase difficulty.
  - Close eyes.
- Aqua therapy (obese patients may progress more slowly and refine ambulation quality in pool); walking in water, standing heel raises (water at least waist deep), flutter kick with kick board (with or without fins), plyometrics, conditioning exercises.

## **Post-op: Weeks 10 – 12**

- Patient wearing shoe without lift.
- Stationary bike (warm up and/or aerobic conditioning).
- Gentle stretching in standing past neutral.
- BTE strengthening.
- Standing balance exercise with/without eyes closed.
- Perturbation:
  - BOSU ball
  - Airex pad
  - Band resist
  - Ball toss
- Squats with moderate resistance (limit ankle dorsiflexion).
- Hamstring curls with resistance.
- Standing heel raises (two feet with progression to single limb for eccentric strengthening, then eccentric/concentric strengthening as able).
- Total gym single heel raise.
- Resisted walking; free motion machine, pulleys, bands.
- Elliptical trainer.
- Aqua therapy (for obese patients to progress walking tolerance and endurance, heel raises, and aerobic conditioning; for athletes to progress plyometrics and aerobic conditioning).

### **Post-op: Weeks 12 – 14**

- Stationary bike (warm up and/or aerobic conditioning).
- Gentle stretching.
- Balance exercise with perturbation in single limb support unless WNL and equal bilaterally.
- Resisted bilateral heel rises with free motion, calf machine.
- Unilateral heel rises if able or eccentric unilateral heel rises.
- Elliptical trainer.

### **Post-op: Week 14 & Beyond**

- If patient is able to perform a single leg heel rise 10 times and has low pain rating may progress to:
  - Stair stepper.
  - Plyometrics training (begin with two feet and progress to single limb jumps).
  - Jogging, slow speed and limited distance, with progression as symptoms permit.