



Achilles Tendon Rupture Post-Operative Protocol

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OVERVIEW

This protocol for Achilles tendon repair provides guidelines for progression of activity. Every patient recovery is different, and the program may be individualized by the physician. Essential to a safe recovery is an understanding of limitations.

Progression of activity should be a relatively pain-free process, especially at the surgical site. Lingering pain directly at the repair site for hours after therapy or activity may be a sign of overuse. Discomfort that resolves quickly after rest is normal.

Remember that the full recovery of tissue and muscle strength can take a year or longer, and temporary aches and pains are not unusual.

PHASE I: IMMEDIATE POST-OP (WEEKS 0-2)

Immobilization

- Splint
- Wear 24 hours
- Shower or bathe with waterproof cover
- Rest and elevation other than basic activities of daily living (goal of 23-hour elevation)

Weight Bearing

- Non-weight bearing with crutches
- Foot rested on ground for balance
- Crutches, knee scooter

Therapy:

- No motion, strict elevation and edema control

Goals

- Rest and recovery
- Basic activities of daily living (household)
- Swelling and pain control
- Incision healing

PHASE II: INTERMEDIATE POST-OP (WEEKS 2-4)

Immobilization

- Boot with 2-cm heel lift
- Wear boot except when working with therapy or exercises
- Continue boot at night
- May remove for hygiene, maintaining foot position and weight-bearing restrictions – ok to shower if cleared, do not submerge underwater or scrub incision

Weight Bearing

- Protected weight bearing with crutches without pain
- Crutches, knee scooter

Therapy

- Gentle active ankle plantarflexion/dorsiflexion below neutral (2 set of 10 repetitions, 3 times per day)
- Gentle isometric inversion/eversion at neutral (2 set of 10 repetitions, 3 times per day)
- Physiotherapy
- Seated heel raises calf strengthening
- May work on hip, knee, toe curls. Core strengthening, non-weight bearing cardiovascular exercise. Quadriceps strengthening.
- Edema control

Goals

- Core strength
- Initiate gentle range of motion
- Protection of repair with boot, pain and stretching avoidance
- Swelling control

PHASE III: INTERMEDIATE POST-OP (WEEKS 4-8)**Immobilization**

- Boot with 2-cm heel lift, may remove one wedge or 1-cm per week as determined by pain
- Wear boot except when working with therapy or exercises
- Continue boot at night
- May remove for hygiene, maintaining foot position and weight bearing restrictions

Weight Bearing

- Progress pain-free weight bearing in the boot
- Crutches or cane for support as needed

Therapy

- Continue previous activity
- Progress dorsiflexion to point of resistance with minimal discomfort

Goals

- Core strength
- Initiate weight bearing
- Protection of repair with boot
- Swelling control

PHASE IV: LATE POST (WEEKS 8-12)**Immobilization**

- Transition to normal shoe after walking comfortably in boot without wedges
- No immobilization at night

Weight Bearing:

- Full weight bearing

Therapy

- Continue previous activity
- Balance, eversion/inversion strength
- Avoid overstretching Achilles tendon, forced dorsiflexion is not a goal of the recovery process and should not be painful

Goals

- Increase ADLs, return to some normal activities
- Protect the repair with mindful, gradual return to activity
- Avoidance of stretching

PHASE V: RETURN TO SPORT (WEEKS 12+)

Immobilization:

- None

Weight Bearing:

- Full weight bearing

Therapy

- Strengthening, balance, proprioception
- Gentle calf stretching
- Gait training
- Heel raises, progress from bilateral to unilateral eccentric as tolerated
- Low-impact cardiovascular exercise with progression to sports specific drills
- Start sport and work specific activity at 4 months
- Start gastrocnemius stretching at 6 months

Goals

- Return to sport and activity
- Avoidance of stretching
- Lower Extremity Functional Tests should be $\geq 90\%$ of the uninjured side before returning to sports (6-12 months)