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Achilles Tendon Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications. The total length of rehabilitation will vary depending on the following factors: severity or acuteness of injury, age, health, personal goals of patient, or healing of the site.

PHASE I: (Protection) Physical therapy starts week 3

Week 1-2

Weight Bearing-

1. Non-weight bearing restriction with duration to be specified by physician
   Typically:
   Weeks 1-2 Non-weight bearing
   Weeks 3-4 Partial weight bearing with crutches. Progressive increase of 25 lbs/wk
   Weeks 5-6 Progress to Full weight bearing and wean off crutches

Orthotics-

1. Splint or walking boot per physician orders for exercises and ADL's
2. Compression wrap as needed to control swelling

Modalities (PRN)-

1. Ice, E-stim, Compression, and Elevation as needed to control pain and swelling
2. Ice for 20 minutes following exercises throughout protocol.

Week 3-6

Weight Bearing-

1. Non-weight bearing restriction with duration to be specified by physician
   Typically:
   Weeks 3-4 Partial weight bearing with crutches. Progressive increase of 25 lbs/wk
   Weeks 5-6 Progress to Full weight bearing and wean off crutches

Orthotics-

1. Splint or walking boot per physician orders for exercises and ADL's
2. Compression wrap as needed to control swelling

Modalities (PRN)-

1. Continue as needed.

ROM-

1. Active plantar flexion and dorsiflexion to neutral.
2. Inversion / eversion below neutral
3. NO resisted or strengthening activities of the ankle

Exercises-

1. Toe curls, extension
2. Straight Leg raises, all planes (NO ankle involvement)

(cont'd weeks 3-6)

3. Knee flexion and extension (NO ankle involvement)
4. Light active dorsiflexion to neutral
5. Aquatic therapy within motion and weight bearing limitations

PHASE II: (Intermediate)

Weeks 7-12

Weight Bearing-

1. Weight bearing restriction as specified by physician
   Typically:
   Week 7-8 Full weight bearing in fixed ankle boot
   Week 9+ Progress to Full weight bearing in shoe (may need heel lift)

Orthotics-

1. Walking boot per physician orders for exercises and ADL's
2. May progress to shoe for weight bearing activities at **Week 9**

Modalities (PRN)-

1. Continue only as needed.

ROM-

1. Progress ankle Active and Passive ROM to full as tolerated
2. Dorsiflexion stretching slowly

Exercises-

1. Continue/progress previous exercises.
2. Seated wobble board / BAPS board
   a. Progress to standing at **Week 9** as tolerated
3. Intrinsic foot strengthening
   a. Marble pick up, towel scrunches
4. Stationary Bike with light/moderate resistance
5. Resisted Knee Extension and flexion strengthening
6. Ankle Isometrics (Sub-maximal, Sub-painful)
   a. Progress to maximal as tolerated
7. Seated Ankle ROM including calf raises and toe raises
   a. Progress to standing at **Week 9** as tolerated
8. Standing balance/proprioception
9. Ankle t-band strengthening
   a. CAUTIOUS and gradual with plantarflexion

PHASE III: (Strengthening)

MONTHS 3-6

Weight Bearing-

1. Full weight bearing as tolerated with normal gait

(cont'd months 3-6)

Orthotics-

1. May use ankle brace as directed by physician

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ROM-
1. Maintain full ROM

Exercises-
1. Continue Phase II, advance resistance and duration as tolerated.
2. Progress to closed chain strengthening as tolerated
    a. Leg press, squats, lunges, step ups, etc
3. May progress to Elliptical runner

PHASE IV: (Advanced Strengthening)

6 MONTHS

As patient's strength and proprioception improve, athletes may progress into sports-specific activities as tolerated. Begin with low level activities and progress duration and intensity.

Orthotics-
1. Continue with brace for exercises. May discontinue brace for ADL's per physician direction

Exercises-
1. Continue Phase III, advance resistance and duration as tolerated.
2. Initiation of light sports / work activity
    a. Plyometrics
    b. Sport specific agility
    c. See Interval Golf and Interval Running programs
    d. DIME warmup
3. May perform functional testing if requested by physician
    See LE functional testing protocol
    ***Please complete functional testing sheet and send results to physician**
    (Goal: 90% of uninvolved leg)

7-9 MONTHS

1. Patients will have full release to play sports during this time frame, but only with physician approval based on strength, functional test results, and overall level of function

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