

Achilles Tendon Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. Do NOT remove steri-strips.

***Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.**

Time Period	Weight Bearing/ Immobilization	Goals	Therapeutic Exercise
0-2 weeks	Non WB/ Splint- equinus	PHASE ONE: Protection Phase 1. Do not place the ankle beyond neutral dorsiflexion during any exercise until week 7. 2. Minimize swelling 3. Keep postoperative splint dry 4. Prevent stretching of Achilles tendon 5. Initiate weight bearing in boot with goal of WBAT by weeks 4-6 6. DVT education and prevention 7. Prevent proximal musculature deconditioning	1. Proximal musculature strengthening: LAQ, SAQ, SLR, SL Hip ABD, Clamshells, 4 Way Hip 2. Quadriceps and hamstring stretching.
3-4 weeks	Partial WB- WBAT/ Boot- Start 3 wedges, one out per week		1. Home program: Active ROM dorsiflexion and plantarflexion exercises (3 sets of 30, 3x per day) - can do PF against light resistance of a TheraBand for tendon training. 2. Progressive gentle weight bearing stress on ankle (25-50% of total body weight) 3. Initiate balance and proprioception on a stable surface in boot when WBAT
5-6 weeks	WBAT/ Boot- Start 3 wedges,		1. ROM: add inversion and eversion as tolerated 2. Scar massage/desensitization

	one out per week		3. Progress gluteal and lumbopelvic strength and stability
7-8 weeks	WBAT/ Boot- 1 wedge, then no wedges	PHASE TWO: Gait Acquisition <ol style="list-style-type: none"> 1. Prevent stretching of Achilles tendon 2. Swelling management 3. Scar tissue management 4. Slowly wean out of heel wedges 5. Wean out of boot weeks 9-10 6. Normalize gait mechanics without boot 	<ol style="list-style-type: none"> 1. Strengthening: TheraBand- all 4 quadrants. 2. ROM: advance to full range in all planes. 3. Stretching: gentle gastrosoleus and hamstring. 4. Continue with balance and proprioceptive exercises in boot
9-10 weeks	WBAT/ No boot		<ol style="list-style-type: none"> 1. Stretching: advanced gastrosoleus and hamstring stretching. 2. Strengthening concentric exercises- all 4 quadrants. 3. Bilateral heel raise progression starting with greater weight on unaffected side
11-12 weeks	Low-effect WB/ None		<ol style="list-style-type: none"> 1. Low effect aerobic: elliptical, walking, stairmaster. 2. Strengthening: eccentric exercises – all 4 quadrants 3. Advanced heel raise progressions - eccentrics 4. Gait training
13-16 weeks	High-effect WB/ None	PHASE THREE: Progression to Sport <ol style="list-style-type: none"> 1. Prevent stretching of Achilles tendon. 2. Progress functional strength with goal of 80% minimum strength as compared to contralateral LE prior to onset of jogging program 3. Balance and proprioception symmetrical to unaffected side 4. Return to jogging at 16 weeks if appropriate 5. Progress in-line recreational activities avoiding plyometrics/sprinting/full sport until 9 months postoperatively 	<ol style="list-style-type: none"> 1. High effect aerobic- HIIT on bike, high RPE stairmaster, elliptical, initiate pre-running/jogging activities with agility ladder, wall running drills, etc. 2. Strengthening: eccentric exercises all 4 quadrants 3. Advanced balance and proprioception on a single leg 4. End range of motion plantar flexion strengthening
4-5 months	High-effect WB/ None		<ol style="list-style-type: none"> 1. Sports specific- straight plane accelerations and decelerations to progress to sport specific movements such as cutting and jumping 2. Return to jogging program at 16 weeks if patient is able to complete unilateral heel raise with only 2 finger light touch for balance at 80-90% endurance of contralateral side through full range of motion

			3. At 6 months, increased speed of running and sport specific activity by 9 months post-op
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Comments: Teach HEP _____ **Modalities:** PRN

Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.

Patient’s recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____