

**Achilles Tendon Repair Protocol**

Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Procedure Date \_\_\_\_\_

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	<b>PHASE ONE: Protection Phase</b>  1. <b>Do not place the ankle beyond neutral dorsiflexion during any exercise until week 7.</b>  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	<b>PHASE TWO: Gait Acquisition</b> <ol style="list-style-type: none"> <li>1. Prevent stretching of Achilles tendon</li> <li>2. Swelling management</li> <li>3. Scar tissue management</li> <li>4. Slowly wean out of heel wedges</li> <li>5. Wean out of boot weeks 9-10</li> <li>6. Normalize gait mechanics without boot</li> </ol>	<ol style="list-style-type: none"> <li>1. Strengthening: TheraBand- all 4 quadrants.</li> <li>2. ROM: advance to full range in all planes.</li> <li>3. Stretching: gentle gastrosoleus and hamstring.</li> <li>4. Continue with balance and proprioceptive exercises in boot</li> </ol>
9-10 weeks	WBAT/ No boot		<ol style="list-style-type: none"> <li>1. Stretching: advanced gastrosoleus and hamstring stretching.</li> <li>2. Strengthening concentric exercises- all 4 quadrants.</li> <li>3. Bilateral heel raise progression starting with greater weight on unaffected side</li> </ol>
11-12 weeks	Low-effect WB/ None		<ol style="list-style-type: none"> <li>1. Low effect aerobic: elliptical, walking, stairmaster.</li> <li>2. Strengthening: eccentric exercises – all 4 quadrants</li> <li>3. Advanced heel raise progressions - eccentrics</li> <li>4. Gait training</li> </ol>
13-16 weeks	High-effect WB/ None	<b>PHASE THREE: Progression to Sport</b> <ol style="list-style-type: none"> <li>1. Prevent stretching of Achilles tendon.</li> <li>2. Progress functional strength with goal of 80% minimum strength as compared to contralateral LE prior to onset of jogging program</li> <li>3. Balance and proprioception symmetrical to unaffected side</li> <li>4. Return to jogging at 16 weeks if appropriate</li> <li>5. Progress in-line recreational activities avoiding plyometrics/sprinting/full sport until 9 months postoperatively</li> </ol>	<ol style="list-style-type: none"> <li>1. High effect aerobic- HIIT on bike, high RPE stairmaster, elliptical, initiate pre-running/jogging activities with agility ladder, wall running drills, etc.</li> <li>2. Strengthening: eccentric exercises all 4 quadrants</li> <li>3. Advanced balance and proprioception on a single leg</li> <li>4. End range of motion plantar flexion strengthening</li> </ol>
4-5 months	High-effect WB/ None		<ol style="list-style-type: none"> <li>1. Sports specific- straight plane accelerations and decelerations to progress to sport specific movements such as cutting and jumping</li> <li>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</li> </ol>

			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** \_\_\_\_\_