

Physical Therapy Protocol – Achilles Tendon Repair

Diagnosis: R / L Achilles Repair

Date of Procedure: _____

Frequency: 2-3 Times Per Week for ____ weeks

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time

- **Phase I: Weeks 1-2**

- Goals

- Rest and recovery from surgery
- Control swelling and pain
- Gradual increase of ADL (activities of daily living)

- Guidelines

- Will be in a shortleg Cast.
- NWB (non weight bearing) when walking. Can put foot down when standing
- Will use crutches or a Roll-About for 6 weeks
- Education: surgery, anatomy, healing time, rehab phases
- Encourage ADL as much as possible
- Rest and elevation between ADL
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Sutures removed at 10 -14 days

- **Phase II: Weeks 3-6**

- Goals

- Maintain hip and knee ROM
- Improve core, hip and knee strength
- Safe use of crutches or Roll-About

- Guidelines

- Partial WB in walker boot: in PF position – remove one wedge every 3 weeks
- Shower when wound clear
- Massage of foot to decrease edema (light massage start from toes and work towards ankle)
- Control swelling with elevation

- **Phase II: Weeks 3-6 (cont.)**

- Core exercises: - Abdominal recruitment - Bridging on ball with feet lightly against wall - Ball reach - Arm pulleys or resisted theraband diagonals
- Toe flexion/extension
- Hip: AROM (active range of motion) - strength: clams, sidelifts, gluteus maximus, SLR (straight leg raise)
- Knee: AROM - strength: SLR, side lifts, prone leg lifts - theraband press – progress to leg press machine at 21 days
- Stretching: glut max, glut med, piriformis, hamstring gentle, rectus femoris
- Upper extremity exercises: progress as tolerated

- **Phase III: Weeks 7-10**

- Goals

- FWB in walker boot, may transition to shoe while using heel lift (when comfortable).
- Increase core, hip, and knee Strength

- Guidelines

- Swelling control with elevation and modalities as required

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- AROM at ankle: PF (plantar flexion), inversion/eversion, DF (dorsiflexion) to first point of resistance - not beyond neutral.
- Manual mobilization of foot as required
- Gentle mobilization subtalar
- Continue core, hip and knee strengthening (do exercises with brace on)
- Try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle)

- **Phase IV: Weeks 10-12**

- Goals

- Increase DF (Not beyond neutral)

- Guidelines

- Stationary bicycle: start to add tension
 - Sitting: active PF exercises, DF to tolerance - not more than 5 degrees

- **Phase V: Weeks 13-16**

- Goals

- FWB, may take lift out of shoe when comfortable/no swelling or pain
 - Near 75% strength
 - Good proprioception in single leg support

- **Phase V: Weeks 13-16 (cont.)**

- Guidelines

- Increase WB tolerance
 - Theraband: inversion/eversion, DF
 - ROM exercises: - Gentle calf stretches - Manual mobilization as required
 - Calf press
 - Leg press
 - Proprioceptive exercises - Single leg support - Progress to wobble board, Sissel, fitter
 - Gait retraining
 - Swimming
 - Stepper
 - Eccentric drops
 - Progress to advance dynamic drills 16 + weeks - hopping - skipping - progress to sport specific drills 16 + weeks

- **Phase VI: Week 16+**

- Goals

- Full lower extremity strength
 - Maximum function Guidelines
 - Work or sport specific activity
 - Work to control arch
 - Emphasis on 1. Proprioception: wobble board Sissel Fitter 2. Strength training through range • running

- **Phase VII: Weeks 26**

- Return to competitive sport Note: Risk of re-rupture if jumping down from a height

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