



Dr. Daniel K. Moon
Achilles Rupture Repair Protocol



	Time Frame (weeks)	Activity
PHASE 1	0-2	WB Status: Non weightbearing Device: Splint ROM: No range of motion (ROM)
	2-4	WB Status: Partial weightbearing / Toe touch weightbearing Device: Walking boot with heel lifts ROM: Active ROM all planes; dorsiflexion (DF) to 0° with knee flexed to 90, plantarflexion (PF) to tolerance Manual Therapy: Gentle soft tissue mobilization (STM) to reduce edema PT Exercises: Open kinetic chain (OKC) hip and knee strength Core and upper extremity (UE) progressive resistance exercises (PRE) that do not stress repair
PHASE 2	4-6	WB Status: Partial WB to full weightbearing as tolerated (FWBAT); weaning off crutches Device: Walking boot with heel lifts ROM: Neutral DF, Active/passive ROM to tolerance Manual Therapy: Gentle STM to reduce edema Strength: Isometrics inversion, eversion and DF. Foot intrinsic activation (towel/marbles) PT Exercises: OKC proximal hip and knee PREs Stationary bike with boot
	6-8	WB Status: FWBAT Device: Peel one heel lift every 3-4 days, wean from boot at 8 weeks ROM: Active ROM to tolerance *No passive stretching or CKC DF past neutral until 8 wks p/o Manual Therapy: Early scar mobilization Strength: TheraBand all planes (light resistance PF), seated heel raises Exercises: Initiate closed kinetic chain (CKC) strength - bilateral and unilateral squat progressions Proprioception/gait training - normalize gait mechanics Stationary bike in shoe Initiate walking program; Focus on normal gait mechanics, and push off
PHASE 3	8-12	WB Status: Normalize gait, FWB in shoe, using one heel lift as needed ROM: As tolerated all planes, emphasize functional CKC DF motion Manual Therapy: Continue scar mobilization as needed Strength: Pain free ankle isotonic, PREs, heel raises progressing bilateral to unilateral Exercises: Progress CKC strength and proprioceptive training with increasing load as tolerated. Non-impact cardio: Bike w/ increased resistance, elliptical, row ergometer, swimming/pool work
	12-18	Strength: Progressive OKC and CKC PREs, emphasize PF eccentrics and end range PF strength. Exercises: PRE for LE CKC strength and proprioception Low impact/amplitude agility/plyometrics once at 15-20 single leg heel raise AlterG/pool running progression (50-75% Body weight) Walk/jog program at 16 weeks as functionally appropriate
PHASE 4	18-24+	Strength: Advanced strength and proprioception Exercises: Linear running, jumping, and plyometric progressions Submaximal sport specific progressions- cutting, pivoting, change of direction, acceleration/deceleration RTS: Return to sport testing Functional Movement Screening (i.e. Physimax) High impact and advanced sport progressions 6 months+ when functionally appropriate and cleared by MD/PT Anticipate full return to sport at 8-12 months



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Official Health Care Partner

