**Achilles Tendon Repair – Conservative Rehab Protocol**

**POST OPERATIVE MANAGEMENT**

* Posterior Splint (short leg, neutral ankle)
* NWB with crutches

**Post-op weeks 0-4**

Patient will begin therapy at approximately 2 weeks post-op. They will be **NWB for 4 weeks**. Usually patient will have been casted / splinted for about 2 weeks and then fitted in a walking boot with a wedge.

**Post-op weeks 4-6**

# PWB in walking boot, two crutches, beginning at week 4 (if no Achilles pain).

# Walking boot set at 15 degrees PF, no movement allowed.

PT is for ROM and gentle stretching at this stage (also for scar tissue massage if/when wound has healed, steri-strips off).

Modalities: cryotherapy and e-stim for edema control

Exercises to be performed at this stage are as follows and should be performed as long as no increased discomfort is experienced in the Achilles region.

Ankle AROM in all planes (DF, PF, INV, EV, CW, CCW, ankle alphabet)

NWB gastroc and soleus towel stretches

Intrinsic foot exercises (marble pick-up and towel scrunches)

Seated BAPS

Stationary bike (low resistance)

NWB LE exercises such as SLR, SAQ, LAQ, and hamstring curls.

**Post-op weeks 6-8**

Walking boot to allow 0-20 degrees motion during ambulation, PWB.

Progress PWB and wean from crutches as tolerated.

Continue PROM and joint mobilizations as needed.

Continue scar tissue massage.

Continue cryotherapy and e-stim for edema control as needed

Exercises to be performed at this stage are as follows and should be performed as long as no increased discomfort is experienced in the Achilles region.

Theraband exercises (DF, PF, INV, EV)

Gait training out of boot

Begin with unilateral on treadmill emphasizing heel to toe contact

Progress to bilateral treadmill and /or level ground ambulation

Leg press/shuttle exercise with light resistance if ROM allows

Unilateral balance on stable surface (only at week 8 if patient is ready)

# **Post-op weeks 8-10**

FWB without assistive device,

Progress walking boot ROM slowly from 0-20 degrees to full as tolerated by patient.

PROM and joint mobilizations as needed.

Begin weight bearing and balance exercises as tolerated.

Unilateral balance on stable surface (progress to unstable as tolerated)

Exercises:

Standing gastroc and soleus stretches

FWB exercises such as partial squatting and partial lunging

Contrakicks and advanced dynamic balance exercises

Bilateral calf raises (start supine on shuttle or leg press machine)

Standing BAPS

Continue gait training to eliminate antalgic pattern

# **Post-op weeks 10-12**

At week 10 discontinue walking boot.

Continue manual techniques as needed (PROM, scar tissue massage, manual stretching)

Exercises:

Moderate paced walking on treadmill

Stairmaster

Progress squatting and lunging depth

Unilateral balance (stable, then unstable) with ball toss

**Goal is to discharge from PT by the 12-week mark.**

Be sure to educate patient on continued healing and risk of re-injury

At 12 weeks patient should be able to do the following with minimal pain:

Full squat

Full lunge

Unilateral calf raise

**Return to sport (running, soccer, baseball/softball, volleyball, etc) at 6 months post-op.**