

ACHILLES TENDON REPAIR PROTOCOL

POST-OP 0-2 WEEKS

Home Expectations:

1. Surgical dressing/splint:
 - a. Ankle plantar flexed to 20-30 degrees.
 - b. Toe-touch weight bearing with crutches/scooter.
 - c. Incision will be covered until post op day 14.
2. Pain management:
 - a. Cryotherapy - Apply to surgical site, or to the skin behind the knee to help with post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site about the level of your heart. The split/cast is not going to allow much room for swelling, so this will be crucial in your pain management.

POST-OP 2-3 WEEKS

Home Expectations:

1. Cast:
 - a. Cast at 20 degrees.
 - b. Toe touch weight bearing with crutches/scooter.
2. Pain management:
 - a. Cryotherapy -Use as often as needed.
 - b. Prescription pain medications as needed, transition to NSAIDS or Acetaminophen if able.
 - c. Elevation of surgical site about the level of your heart.
3. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post.

POST-OP 3-4 WEEKS

Home Expectations:

1. Cast:
 - a. Cast at 10 degrees.
 - b. Toe touch weight bearing with crutches/scooter.
2. Pain management:
 - a. Cryotherapy - Apply to surgical site, or to the skin behind the knee to help with post op edema and help with pain reduction. Use as often as needed.
 - b. Pain medications: Wean off of prescription pain medications and utilize Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling.

POST-OP 4-6 WEEKS *Start formal Physical Therapy*

Home Expectations:

1. Boot:
 - a. Boot at 0 degrees, sleep in boot. (A small lift can be placed in the shoe to help with the transition).
 - b. Weight bearing as tolerated with crutches/scooter and boot.
2. Shower when the wound is clear.
3. Massage the foot to decrease edema (light massage - start from toes and work towards ankle).
4. Control swelling with compression and elevation.

Therapy Goals:

1. ROM:
 - a. Active dorsiflexion to neutral.
2. Strength:
 - a. Pain-free isometric ankle inversion, eversion, dorsiflexion and submaximal plantar flexion.
 - b. Open chain hip and knee.
 - c. Core strengthening.

POST-OP 6-8 WEEKS

Home Expectations:

1. Gait:
 - a. Slowly wean from the boot. (A small lift can be placed in the shoe to help with the transition).
 - b. Normalize gait on level surfaces.
2. Follow up with your Orthopedic Surgeon at 6 weeks post op.

Therapy Goals:

1. ROM:
 - a. Active ROM between 5 degrees of dorsiflexion and 40 degrees plantar flexion.
 - b. Gentle gastoc/soleus stretching.
 - c. Low velocity and Partial ROM for functional movement.
2. Proprioception:
 - a. Single leg stance with good control for 10 seconds.
 - b. Frontal and sagittal plane stepping drills.
 - c. Static balance exercises.
3. Strength:
 - a. Ankle strengthening with resistance bands.
 - b. Hip and core strengthening.

POST-OP 8-12 WEEKS

Home Expectations:

1. Normalize gait on all surfaces.
2. Swelling control with compression and elevation.
3. Follow up with your Orthopedic Surgeon at 12 weeks post op.

Therapy Goals:

1. ROM:
 - a. Active ROM between 15 degrees Dorsiflexion and 50 degrees of plantar flexion.
 - b. Control knee hyper-extension (knee hyperextends to compensate for lack of dorsiflexion at ankle).
2. Proprioception:
 - a. Single leg stance with good control for 10 seconds.
 - b. Progress to wobble board.
3. Strength:
 - a. Squat and lunge to 70 degrees knee flexion without weight shift.
 - b. Impact control exercises, progressing from one foot to the other.
 - c. Full weight bearing with near 75% strength.

POST-OP 14-16 WEEKS

Therapy Goals:

1. Proprioception:
 - a. Single leg stance.
 - b. Wobble board.
2. Strength training in Full ROM:
 - a. Ankle
 - b. Knee
 - c. Hip
3. Dynamic drills:
 - a. Hopping, skipping.
 - b. Progress to sport specific drills 16+ weeks.

POST-OP 26 WEEKS

- Return to full activity as indicated by adequate muscle strength, proprioception development and physician orders.
- Risk of re-rupture if jumping down from a height.

This protocol provides you with general guidelines for the rehabilitation of Achilles Tendon repair. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's orders take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.