
Achilles Tendon Repair Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone an Achilles Tendon Repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-2 weeks

Immobilization: Short leg splint

Restrictions: Crutches or roll-about scooter for ambulation. No weight bearing on affected lower extremity.

Exercises: Ice and elevation. Contralateral toe raises. Affected side gentle PROM 0° DF to 20° PF. Ice and elevation.

Phase 2: **Time Frame:** 3-4 weeks

Immobilization: Walking boot with heel lift, using crutches as needed

Goal: Minimize quadriceps atrophy and protect the repair while gaining ROM

Restrictions: Progress weight bearing as tolerated

Exercises: Start outpatient physical therapy. Stationary bike warm-up. AROM as tolerated. PROM 0° DF to full PF

- Phase 3: **Time Frame:** 5-6 weeks
- Immobilization:** WBAT in cam walker
- Goal:** to prevent adhesions, DF to 0°
- Exercises:** Continue with previous exercises. Progress AROM. Initiate strengthening, starting with isometric exercises as tolerated. Gentle scar mobilization when wound is well healed
- Phase 4: **Time Frame:** 7-12 weeks
- Immobilization:** D/C cam walker, heel lift in shoe
- Goal:** DF to 10°, normal gait, walk 2 miles at 20 min/mile pace
- Restrictions:** Painfree Achilles stretching non-weightbearing (strap/towel)
- Exercises:** Emphasize normal gait. May need heel lift. Continue scar mobilization to ensure absence of adhesions. Stationary bicycle. May progress to stairmaster, elliptical, treadmill walking progression. Wall sits, mini squats, double leg heel raise. Begin proprioceptive exercises
- Phase 5: **Time Frame:** 3-4 months
- Goal:** No calf atrophy, jog 2 miles at comfortable pace
- Restrictions:** No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation
- Exercises:** Continue previous exercises. Functional activities including zig-zag, gentle loops, and slide board. Single leg heel raise, emphasizing eccentric lowering. May begin walk-jog progression when gait is normal
- Phase 6: **Time Frame:** 4+ months
- Goal:** Return to all activities
- Exercises:** Full activity, agility drills, plyometrics, progress to sports participation