



ACHILLES TENDON REPAIR

POST OPERATIVE INSTRUCTIONS AND ACCELERATED REHABILITATION PROTOCOL

This protocol has been developed for the patient following Achilles tendon repair. Physical therapy is important aspect of your recovery following this surgery. You will work with your physical therapist to regain range of motion, strength, optimize function and return to activity. Early weight bearing and an accelerated rehab has been shown to result in improved functional outcomes after achilles tendon repairs. This protocol may vary in length, depending on factors such as: range of motion/swelling status, pre-operative function, rehabilitation goals and concomitant injuries.

For patients at a glance:

- a. **Take 1 tablet (81 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. This is recommended to reduce the risk of blood clots
- b. **Weight bearing:** After surgery you will be **non-weight bearing** on the operative leg and will use crutches for walking or a knee scooter. Non-weight bearing is continued in most cases for **2 weeks** following surgery, in some cases this may be extended. Progressive weight bearing will then start.
- c. **Splint/Cam Boot:** After 2 weeks the splint is discontinued and you are placed in a CAM walker as progressive weight bearing is begun. In most cases partial weight bearing will be started at 2 weeks.
- d. **Elevation:** For the first 48-72 hours after surgery it is important to keep the ankle elevated at heart level or slightly above as much as possible. This is done not only to decrease swelling but also for pain control.
- e. **Showering:** It is ok to shower following surgery, but the splint must be wrapped in a plastic bag/cast cover or something similar. Once the splint is removed, the CAM boot may be removed for showering. Do not scrub or soak the incision until it is fully healed ~4 weeks after surgery.
- f. **Activity/Exercises:** While in the splint, immediately after surgery, work on bending and extending your toes which can help reduce swelling. It is ok to start light activity and ambulate with the crutches as your pain allows. For increasing pain rest and elevate your operative side.
- g. **Pain medications:** Take the pain medications as prescribed. You can supplement your pain medications with over-the-counter Tylenol and ibuprofen as needed. Do not exceed recommended dosages listed on the bottle.
- h. If you had a **nerve block at the time of surgery, it usually wears off 24-36 hrs post-operatively**. It is normal to have some numbness in the foot the first several days after surgery as a result.
- i. **Return to driving:** To return to driving you need to be off of pain medications and cleared for full weight-bearing. In general, the criteria are that you feel comfortable enough to brake suddenly and/or make evasive maneuvers in a vehicle if that was required. It is your responsibility to wait to drive until you feel comfortable to do so.

I. Rehabilitation Protocol 0-2 Weeks Post-Op

- a. Non weight bearing to the operative side for 2 weeks from the date of surgery. Use crutches or a knee scooter following surgery
- b. **Goals:** 1) Healing and Protection 2) Swelling control (elevation) 3) Pain control
- c. **Stretching:** Hamstring/Quads/ITB/Hip Flexors



- d. Range of Motion (ROM)-flexion and extension of toes
- e. Active Range of Motion (AROM) of the hip and knee
- f. Straight leg raises and Quad Sets

II. 2-4 Weeks Post-Op

- a. Splint will be discontinued, stitches removed, CAM Walker with ½ inch heel lift
- b. Use crutches for **Partial Weight-Bearing** to the operative side
- c. The CAM walker is worn at all times while you are up and moving, except for exercises/PT
- d. Continue previous exercises as appropriate
- e. Begin gentle Active Ankle ROM:
 - i. Dorsiflexion (**do not go beyond neutral**). Inversion/Eversion as tolerated.
 - ii. **Avoid active Plantarflexion**
- f. Passive plantarflexion to tolerance
- g. **Isometrics, no plantarflexion**
- h. Straight leg raises
- i. Modalities
- j. Ok for upper body exercises, but no push-ups or other exercises that require ankle loading

III. 4-6 Weeks Post-Op

- a. CAM Walker with ¼ inch heel lift
- b. **Weight bearing as tolerated in CAM Walker.** Wean off crutches after week 4
- c. Continue previous exercises as appropriate
- d. **Isometrics including plantarflexion**
- e. **Passive dorsiflexion with knee both flexed and extended, but continue to limit to neutral**
- f. Continue range of motion, scar massage, adhesion prevention
- g. Mini squats and Wall squats in CAM Walker
- h. Can begin stationary bike in CAM Walker, **with heel on pedal**

IV. 6-8 Weeks Post-Op

- a. **Advance dorsiflexion beyond neutral as tolerated, avoid forceful passive dorsiflexion**
- b. **Begin to wean out of CAM walker boot,** you may be placed into lace up ankle brace
- c. Ankle AROM, including plantarflexion
- d. Light theraband-DF, IN, EV, but no plantarflexion
- e. Stationary bike in CAM, **with toes on pedal**
- f. Gentle Achilles tendon stretching while non-weight bearing
- g. **Goal: 10 degrees dorsiflexion**

V. 8-12 Weeks Post-Op

- a. Out of CAM walker full time, lace up ankle brace may be used as needed for support
- b. Progress resistance therabands, introduce plantarflexion
- c. Gentle achilles tendon stretching in weightbearing
- d. Double leg heel raises
- e. Progress Quad/HS/Hip strengthening



- f. Proprioception
- g. Treadmill: walking progression program
 - i. Walk 2 miles at 15 min/mile pace
- h. Elliptical
- i. Push-up progression
- j. **Goal:** Achieve symmetrical dorsiflexion

VI. 3-4 Months Post-Op

- a. Discontinue brace full time³
- b. Continue appropriate previous exercises
- c. Begin light jogging if swelling/pain minimal and dorsiflexion to 10 degrees
- d. Single leg heel raises
- e. Functional activities

VII. 4-6 Months Post-Op

- a. Running progression program-progress to hard surfaces
- b. Agility drill/plyometrics
- c. Transition to home program
- d. Return to activity, **Return to impact sports at 6 months**