

Orthopaedic and Spine Institute
21 Spurs Lane, Suite 245, San Antonio, TX 78240
www.saspine.com
Tel# 210-487-7463
Joel B. Nilsson, M.D., P.A.

Postop Achilles Repair Rehab Protocol

General Considerations:

- Time frames mentioned in this protocol should be considered approximate with actual progression based upon clinical presentation. Physician appointments as well as continued assessment by the treating practitioner should dictate progress.
- Avoid forceful active and passive range of motion of the Achilles for 10 - 12 weeks.
- Carefully monitor the tendon and incisions for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e. scar mobilization and friction massage) to decrease fibrosis.
- All exercises should be carefully observed for any signs of compensation or guarding.
- No running, jumping, or ballistic activities for 6 months.
- Aerobic and general conditioning throughout the rehabilitation process.
- M.D. appointments at Day 10-14, 1 month, 2 months, 4 months, 6 months, and 1 year post-op.

0-2 weeks:

- Bulky Jones splint in equinus until suture/staple removal.

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2 - 3 weeks:

- Adjustable boot locked out at 30 of plantar flexion.
- Non-weightbearing for 3 weeks--no push off or toe-touch walking.
- Pain and edema control (i.e. cryotherapy, electric stim, soft tissue treatments).
- Toe curls, toe spreads, gentle foot movement in boot, straight leg raises, knee flexion/extension.
- Well-leg cycling, weight training, and swimming for cardiovascular conditioning.

3 - 8 weeks:

- Gradually increase weight bearing from toe-touchdown to partial as tolerated. After 6 weeks, okay to progress to full weightbearing.
- Walking orthosis adjusted 5 degrees a week until 10 degrees of plantar flexion. After 8 weeks, okay to wear shoes with a heel (i.e. cowboy boots, 1/4 " heel lift in shoes).
- Isometrics of uninvolved muscles, light active dorsiflexion of the ankle until gentle stretch of Achilles. Slowly increase the intensity and ranges of isometrics of Achilles within the range of the boot.

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- Slowly increase passive range of motion and stretch on the Achilles after 6 weeks.
- Proprioception exercises, intrinsic muscle strengthening, PNF patterns (not to Achilles)
- At 6 weeks, okay to add stationary cycling with heel push only. Deep water workouts.
- Soft tissue treatments daily

8 - 12 weeks:

- Full weightbearing with heel lift as tolerated, gait training.
- Wean into a regular shoe over a 2-4 week period.
- Begin and gradually increase active / resistive exercises of the Achilles (i.e. submaximal isometrics, cautious isotonic, Theraband)
- Manual full passive range of motion of the Achilles--nothing forceful.
- Progress to cycling in shoe, swimming.

3 - 6 months:

- Wean off heel lifts (if not already).

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- Closed chain exercises: controlled squats, lunges, bilateral calf raise (progress to unilateral), toe raises, controlled slow eccentrics vs. body weight.
- Cycling, VersaClimber, rowing machine, Nordic Track (gradually) .
- Unless excessive fibrosis present, should be discharged into a home program.

6 months:

- Progress training jogging / running, jumping and eccentric loading exercises, noncompetitive sporting activities, sports-simulated exercises.

8 - 9 months:

- Return to physically demanding sport and/or work.