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PHYSICAL THERAPY PROTOCOL
ACHILLES TENDON REPAIR

Procedure	**Date of Surgery:** _____ **R** **L** **B/L** Achilles Tendon Repair Percutaneous Repair (PARS) Open Achilles Repair w/ Tendon Augmentation **Additional Procedures:** _____
Plan	**Physical Therapy for** **R** **L** **B/L** Lower Extremity 1-2x Per Week x 8 Weeks **Rehab appointments begin 2 weeks after surgery**
General Guidelines	Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Phases and time frames are designed to give the clinician a general sense of progression. Follow physician's modifications as prescribed
Phase I (Weeks 2-6)	**Rehab appointments are 2x per week** **Emphasize appropriate crutch use and gait training** **Emphasize patient compliance with weightbearing status** **Goals**: ▪ Protection of the surgically repaired tendon ▪ Wound healing

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	Precautions: ▪ Continuous use of the boot in locked plantarflexion (20-30°) ▪ Touchdown weight bearing (TDWB) using the axillary crutches ▪ Keep the incision dry ▪ Watch for signs of infection ▪ Avoid long periods of dependent positioning of the foot during the first week to assist in wound healing. **Cardiovascular Exercise** ▪ Upper Body Ergometer (UBE) circuit training **Treatment Recommendations:** ▪ **Post-operative week 2-3:** tall walking boot locked at 20-30° PF (2 heel lifts), toe touch weight bearing (TTWB) using the axillary crutches and boot, no active dorsiflexion, sleep in boot ▪ **Post-operative week 3-4:** boot locked at 10deg PF, TTWB using the axillary crutches and boot, sleep in boot ▪ **Post-operative week 4-6:** If pt can reach neutral PF/DF comfortably, then neutral boot with 1-2 ¼ inch heel lifts, progress to WBAT (based on pain, swelling and wound appearance) using the axillary crutches and boot, limit active dorsiflexion to neutral sleep in boot **Suggested Therapeutic Exercise** ▪ Ankle range of motion (ROM) with respect to precautions (starting after week 4) ▪ Pain-free isometric ankle inversion, eversion, dorsiflexion and sub-max plantarflexion ▪ Open chain hip and core strengthening **Minimum Criteria for Advancement** ▪ Six weeks post-operatively ▪ Pain-free active dorsiflexion to 0° ▪ No wound complications. If wound complications occur, consult with a physician
Phase II (Weeks 8-16)	**Rehab appointments are 1-2x per week** **Goals:** ▪ Normalize gait on level surfaces without boot or heel lift ▪ Single leg stand with good control for 10 seconds

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	▪ Active ROM between 5° of dorsiflexion and 40° of plantarflexion **Precautions:** ▪ Slowly wean from use of the boot: Begin by using 1-2 ¼ inch heel lifts in tennis shoes for short distances on level surfaces then gradually remove the heel lifts during the 6th week. ▪ Avoid over-stressing the repair (avoid large movements in the sagittal plane; any forceful plantarflexion while in a dorsiflexed position; aggressive passive ROM; and impact activities) **Cardiovascular Exercise** ▪ Upper Body Ergometer (UBE) circuit training **Treatment Recommendations:** ▪ Frontal and sagittal plane stepping drills (side step, cross-over step, grapevine step) ▪ Active ankle ROM ▪ Gentle gastroc/soleus stretching ▪ Static balance exercises (begin in 2 foot stand, then 2 foot stand on balance board or narrow base of support and gradually progress to single leg stand) ▪ 2 foot standing nose touches ▪ Ankle strengthening with resistive tubing ▪ Low velocity and partial ROM for functional movements (squat, step back, lunge) ▪ Hip and core strengthening ▪ Pool exercises if the wound is completely healed **Minimum Criteria for Advancement:** ▪ Normal gait mechanics without the boot ▪ Squat to 30° knee flexion without weight shift ▪ Single leg stand with good control for 10 seconds ▪ Active ROM between 5° of dorsiflexion and 40° of plantarflexion
Phase III (Weeks 17+)	**Rehab appointments are 1-2x per week** **Goals:** ▪ Normalize gait on all surfaces without boot or heel lift ▪ Single leg stand with good control for 10 seconds ▪ Active ROM between 15° of dorsiflexion and 50° of plantarflexion

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	▪ Good control and no pain with functional movements, including step up/down, squat and lunges **Precautions:** ▪ Avoid forceful impact activities ▪ Do not perform exercises that create movement compensations **Treatment Recommendations:** ▪ Frontal and transverse plane agility drills (progress from low velocity to high, then gradually adding in sagittal plane drills) ▪ Active ankle ROM ▪ Gastroc/soleus stretching ▪ Multi-plane proprioceptive exercises – single leg stand ▪ 1 foot standing nose touches ▪ Ankle strengthening – concentric and eccentric gastroc strengthening ▪ Functional movements (squat, step back, lunge) ▪ Hip and core strengthening **Cardiovascular Exercise** ▪ Stationary bike, Stair Master, swimming **Minimum Criteria for Advancement:** ▪ Normal gait mechanics without the boot on all surfaces ▪ Squat and lunge to 70° knee flexion without weight shift ▪ Single leg stand with good control for 10 seconds ▪ Active ROM between 15° of dorsiflexion and 50° of plantarflexion
Phase IV (Usually around 4 months)	**Rehab appointments are 1x per week** **Goals:** ▪ Good control and no pain with sport/work specific movements, including impact ▪ Emphasize return to function/sport **Precautions:** ▪ Post-activity soreness should resolve within 24 hours ▪ Avoid post-activity swelling ▪ Avoid running with a limp

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	Treatment Recommendations: ▪ Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot ▪ Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities ▪ Sport/work specific balance and proprioceptive drills ▪ Hip and core strengthening • Stretching for patient specific muscle imbalances **Cardiovascular Exercise** ▪ Replicate sport/work specific energy demands **Criteria for Discharge** ▪ Dynamic neuromuscular control with multi-plane activities, without pain or swelling