

Achilles Tendon Repair Rehab Protocol

POST OPERATIVE MANAGEMENT

- Posterior Splint (short leg, neutral ankle) / Non-Weight-Bearing with crutches

Week 2 – (After first post-op visit)

- Discontinue splint use and transition to CAM walking boot with heel lift to maintain plantar flexion position
- Advance weight bearing to full / wean from crutches over 1-2 weeks
- Cryotherapy (Jobst compression/Cryocuff/Ice pack)
- Avoid passive heel-cord stretching
- Active dorsiflexion only
- Size of heel wedge may be decreased by therapist as passive foot position becomes comfortable at 90deg

Week 2-6:

- Progressive weightbearing ambulation with walking boot to FWB at 3-4 weeks
- BAPs "Level 1-2-3" (seated PWB)
- Active range-of-motion dorsiflexion/plantar flexion unloaded
- Heel-Toe ambulation in boot
- Stationary cycling with minimal resistance (anterior foot placement)
- Flat-Footed standing balance/proprioception activities

Week 6-12:

- Discontinue walking boot, use heel cups for 2 weeks as needed
- Progressive resistance Theraband ankle strengthening exercises
- Intrinsic foot muscle strengthening exercises
- Single Leg standing balance activities
- Active bilateral heel raises
- Initiate passive heel cord stretching
- Bilateral to unilateral standing, heel raise exercises
- Stationary cycling with progressive resistance (standard foot placement)
- Progressive depth (30 to 90 knee flexion) flat-footed mini-squats
- Progressive retrograde treadmill ambulation
- "Flat-Footed" single leg balance
- BAPs "Level 1-2-3" (seated PWB progressed to FWB standing)
- "On-Toes" standing balance/proprioception activities on mini-trampoline
- Progressive duration/velocity Stairmaster ambulation
- Lateral sliding board maneuvers

3-6 Months:

- Stationary jogging and jumping on mini-trampoline
- Straight ahead jog-to-run progression on a level surface
- Progressive acuity cutting agility maneuvers / Large-to-small Figure of 8 agility maneuvers
- Sport/Position specific functional activities
- Running and agility maneuvers on progressive incline/decline surfaces
- Discharged to normal activities when cleared by doctor

Criteria for discharge:

1. Full, pain free range of motion

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2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

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