



Orthopaedic Surgery - Arthroscopic Surgery - Joint Replacement - Sports Medicine - Fracture Care

John R. Chance, M.D., David L. Fox, M.D., Jamie L. Lynch, M.D.,
Brian E. Schulze, M.D., Patrick M. Simon, M.D., Rex E. Wilcox, M.D.
Diplomates, American Board of Orthopaedic Surgery

Kelly A. Cooper, PA-C

Achilles Tendon Rupture / Repair Protocol

Patient Name: _____

DOS: _____

PHASE I: 0-2 weeks

- NWB with assistive device x 2 weeks
- Immobilization in splint

PHASE II: 2-6 weeks

- 50 % WB with ROM walker boot (picture to right)
- Active dorsiflexion, passive plantarflexion, ankle ROM



PHASE III: 6-12 weeks

- FWB at 6 weeks if incision healed Begin PT at 6 weeks for strengthening

PHASE IV: 12-16 weeks



- ROM/stretching Achilles (as needed →)
 - along with other LE muscles
- Gait: Ensure good gait pattern: heel-toe gait, good heel strike and push-off, stance time equal left to right
- SLB activities (eyes open/closed, head nods, arm movement)
 - Progress to multiple planes
- Ankle theraband
- Begin functional strengthening exercises
- Leg press - bilateral
- Leg press toes raises (bilateral, progress to unilateral)
- Progress to WB bilateral toe raises
- Proprioception activities
 - i.e. BAPS, balance board (→)
- Hip and knee PRE's
- Soft tissue and joint mobs as needed
- Stairmaster, bike for cardio
- Ice as needed



Criteria to progress:

- Good gait mechanics
- ROM equal to opposite side
- Controlled inflammation

- No pain
- Plantar flexor strength 4/5 (perform 10 partial to full toes raises)

PHASE V: 16-20 weeks

- Progress previous exercises: hip and knee
- PRE's Progress to WB unilateral heel raises (➔)
- Stairmaster
- Isokinetics for ankle (inv/ev, dors/pltf)
 - optional
- Begin jumping progression: leg press, mini-tramp, ground)
- Functional rehab
 - Forward dips multiple plane for balance



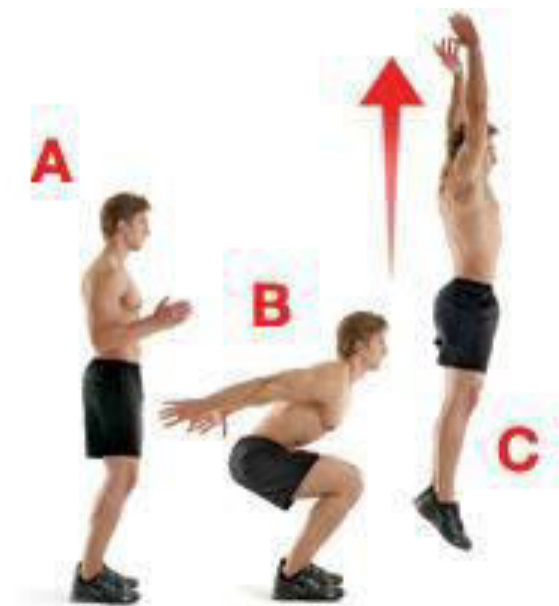
- Begin light plyometrics

Criteria to progress:

- ROM equal to opposite side
- Perform 20 unilateral toes raises (full range, **pain-free**)
- Perform bilateral jumping in place 30 seconds each
F/B, L/R with good technique

PHASE VI: 5-6 months post-op

- Progress previous exercises
- Progress jumping to hopping
- Begin jogging/running when hopping is performed with good technique
- Sport specific drills for appropriate patients



Criteria to discharge non-athletes:

- Good gait pattern
- ADL's without difficulty Gastroc/soleus
- 4+ - 5/5 strength

Criteria to discharge athletes:

- Good gait pattern
- Patient performs the following tests within 80% of the uninvolved leg:
 - Hop for distance
 - Single leg balance reach
 - Isokinetic strength test

Maintenance program should stress continued strength and endurance work at least 2-3 times per week.