

Northeast Orthopaedics & Sports Medicine

Your first choice for exceptional
orthopaedic care



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

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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.

