TWIN CITIES ORTHOPEDICS

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ACHILLES TENDON REPAIR POST-OP PROTOCOL

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

PHASE I: Weeks 1-2

Goals

- Rest and recovery from surgery
- Control swelling and pain
- Gradual increase of ADL (activities of daily living)

Guidelines

- Will be in a short leg splint. NWB (non-weight bearing) when walking. Can put foot down when standing for balance
    - Will use crutches or a Roll-About for 6 weeks
- Education: Surgery, anatomy, healing time, rehab phases
- Encourage ADL as much as possible
- Rest and elevation between ADL
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Sutures removed at 2 week post op appointment

Phase II: Weeks 3-6

Goals

- Maintain hip and knee ROM
- Improve core, hip, and knee strength
- Safe use of crutches or Roll-About

Guidelines

- Continue NWB. Can put foot down when standing for balance.
- Shower when wound clear
- Massage of foot to decrease edema (light massage start from toes and work towards ankle)

Phase II: Weeks 3-6 (cont.)

- Control swelling with elevation
- Core exercises:
    - Abdominal recruitment
    - Bridging on ball with feet lightly against wall
    - Ball reach
    - Arm pulleys or resisted theraband diagnosis
- Toe flexion/extension
- Hip: AROM
    - Strength: clams, side lifts, gluteus maximus, SLR (straight leg raise)
- Knee: AROM
    - Strength: SLR, side lifts, prone leg lifts
    - Theraband press: progress to leg press machine at 21 days
- Stretching: gluteus maximus, gluteus medius, piriformis, hamstring gentle, recuts femoris
- Upper extremity exercises: progress as tolerated

Phase III: Weeks 7-10

Goals

- Wean into FWB in walker boot, may transition to shoe at 8-10 weeks as patient can tolerate
- Increase core, hip, and knee strength

Guidelines

- Swelling control with elevation and modalities as required
- AROM at ankle: PF (plantar flexion), inversion/eversion, DF (dorsiflexion) to first point of resistance
- Manual mobilization of foot as required
- Gentle mobilization subtalar
- Continue core, hip, and knee strengthening (do exercises with brace on)
- Try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle)

Phase IV: Weeks 10-12

Goals

- Increase DF

Guidelines

- Stationary bicycle: start to add tension
- Sitting: active PF exercises, DF to tolerance

Phase V: Weeks 13-16

Goals

- FWB
- Near 75% strength
- Good proprioception in single leg support

Guidelines

- Increase WB tolerance

Phase V: Weeks 13-16 (cont.)

- Theraband: inversion/eversion, DF
- ROM exercises:
    - Gentle calf stretches
    - Manual mobilization as required
- Calf press
- Leg press
- Proprioceptive exercises
    - Single leg support
    - Progress to wobble board, sissel, fitter
- Gait retraining
- Swimming
- Stepper
- Eccentric drops
- Progress to advance dynamic drills 16+ weeks
    - Hopping
    - Skipping
    - Progress to sport specific drills 16+ weeks

Phase VI: Week 16+

Goals

- Full lower extremity strength
- Maximum function

Guidelines

- Work or sport specific activity
- Work to control arch
- Emphasis on:
    - Proprioception
        - Wobble board, sissel, fitter
    - Strength training through range
        - Running

Phase VII: Weeks 26

- Return to competitive sport

Note: Risk of re-rupture if jumping down from a height