

Rehabilitation Protocol: Achilles Tendon Repair

Date of Surgery: _____

Repair: ☐ Acute ☐ Chronic/Reconstruction ☐ Re-rupture ☐ Tendon Transfer (FHL)

Additional Restrictions: _____

Re-rupture, tendon transfer, diabetes, osteoporosis, or high BMI may delay healing and weightbearing progression. Monitor repair tension (resting angle), plantar fasciitis, and metatarsal head pain. Consider a shoe lift for the non-operative limb while in the boot. Please contact our office with any questions or concerns.

☐ Phase I – Protection (Weeks 0–2)

- **Weightbearing: Non-weightbearing with crutches**
- **Immobilization:** Plantarflexion splint – keep dry; contact our office if tight or toes cold/numb
- **Precautions:** Elevate the leg 80–90% of the time; walking for short household distances only (knee scooter/wheelchair for longer distances)
- **Therapeutic Exercises**
 - No formal PT (one visit at 2 weeks for education and hip/core program)
 - Knee extension while elevated; non-operative leg and upper body strength and flexibility

☐ Phase II – Protected Weightbearing (Weeks 2–6)

- **Weightbearing: CAM boot with heel wedges: 50% at week 2, 75% at week 3, 100% at week 4** with crutches; wean crutches once full weightbearing
- **Boot/Wedges:** CAM boot at all times except showering and PT. **First wedge removed at 4 weeks, second at 6 weeks**
- **Range of Motion** – PROM/AAROM/AROM from full plantarflexion to **neutral** – **no dorsiflexion past neutral**; inversion/eversion; toe flexion/extension
- **Therapeutic Exercises**
 - Seated heel raises (roll through hallux); isometric dorsiflexion to neutral; band plantarflexion, inversion, eversion
 - Intrinsic: marble pick-ups, short-foot doming
 - Proximal hip/core: abdominals, 3-way SLR, clamshells, hip extension; consider BFR
 - Balance: single leg stance with front support (avoid excessive dorsiflexion); weight shifting; bilateral stance on cushion
 - Bilateral mini squats once 50% WB; stationary bike in boot once 50% WB
 - Soft tissue/scar mobilization, desensitization, edema control (compression stocking once wound closed)
- **Criteria to Progress:** Full weightbearing in boot without wedges; controlled edema; dorsiflexion to neutral

☐ Phase III – Return to Shoes and Motion (Weeks 6–12)

- **Weightbearing: Full weightbearing in a sneaker** – wean from boot; supportive shoe/heel lift if push-off is difficult
- **Range of Motion** – PROM/AAROM/AROM with progressive dorsiflexion in 10° intervals – **10° by week 8, 20° by week 10, 30° by week 12**
- **Therapeutic Exercises**
 - Gait training: step-through pattern, push-off at terminal stance; retro treadmill
 - Standing heel raises (double leg, then 2 up/1 down, then single leg); single-leg eccentric lowering; leg press calf raises
 - Step-ups and step-downs; side steps; squats; gluteus medius band work; planks

- Balance board, foam, rocker board; single-leg activities with even foot tripod loading
- Joint mobilization (talocrural, subtalar, 1st MTP); foam rolling; swimming (no wall push-off)
- **Criteria to Progress:** Symmetric gait without boot or device; reciprocal 6" steps; single leg stance without Trendelenburg; symmetric bilateral heel raises; 10 eccentric heel raises

☐ **Phase IV – Running and Return to Sport (Months 3–6)**

- **Therapeutic Exercises**
 - Progress strengthening (single heel raise height × reps), proprioception, and gait
 - **Light jogging at 12–14 weeks** once single heel raise work ≥80% of other side
 - **Running/cutting at 16 weeks** once heel raise work ≥90% of other side; hopping and agility progression
 - Sport-specific movement patterns
- **Return to Sport: 5–6 months** – dorsiflexion within 10% of other side; single leg stance ≥90%; heel raise work ≥90% of other side; symptom-free running and agility; physician clearance