

ACHILLES TENDON RUPTURE REHABILITATION PROTOCOL

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to IBJI at 847-234-2090****

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! Swelling may be on-going for 6 months to a year following surgery.

FOR PATIENTS

Recovery at a glance:

- No casting during recovery
- Come out of the boot and begin to move your ankle up and down (ankle pumps) Immediately after surgery
- Compression stocking to be worn to control swelling along with ice/elevation
- Physical therapy to start 2-3 weeks post op
- Non-weight bearing in boot for 4 weeks followed by 4 weeks of protected weight bearing in the boot
- Wear CAM boot sleeping until 8 weeks post op
- Use assistive device (walker, crutches, rollabout) at all times for safety
- At 8 weeks post-op SLOWLY transition to regular shoe wear
- You may begin driving at 8 weeks if surgery on right foot, automatic transmission only for left post op
- You may begin gentle biking and swimming at 8 weeks post-op
- You may begin gentle running and higher impact activities at 16 weeks
- Once you can come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to sports and all activities. This may take 6 months to a year.

FOR PHYSICAL THERAPISTS

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Rest and recovery from surgery
- Control swelling and pain via compression stocking
- Incision care-keep clean and dry. Shower boot or saran wrap with showers until closed. If concern of wound, please take a picture and call Dr. Vora's office.
- Gradual increase of ADL (activities of daily living)

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Guidelines

- NWB when walking. Use assistive device for safety all times
- May rest foot down when standing or sitting
- Begin ankle AROM/ankle pumps as tolerated
- Hip/knee ROM and OKC bed based strengthening (SLR, SAQ, etc)
- Sutures removed at 14-21 days

Physical therapy to start 2-3 week post op Phase II: Weeks 3-6 post op

Goals

- Improve core, hip, knee and ankle strength/ROM (OKC only until 4 weeks WBAT in boot)
- Gradual increase weight bearing with boot at 4 weeks (as directed by surgeon or staff)
- Adjust-a-lift, if needed, for uninvolved shoe while WB in boot

Guidelines

- Progressive weight bearing in walker boot after 4 weeks (see heel wedge protocol)
- Shower after sutures removed and wound healed
- STM of foot/gastroc/solues (once incision closed)
- Control swelling with compression/ice/elevation
- AROM ankle all planes, gentle isometrics and progressing closer to 6 weeks post op t-band strengthening
- Gentle stretching of Achilles ONLY until 0 deg DF achieved. Stop at this point to over overstretching Achilles and compromising strength integrity

Phase III: Weeks 7-10

Goals

- Full weight bearing in walker boot
- Wedges removed per heel wedge protocol
- Regular shoes by 8-10 weeks. SLOW progression from CAM boot to shoe weaning 1-2 hours/day. Normal to get increased swelling with this transition. Compression stocking, ice, elevation, cane use to unload if needed.
- Swelling control with elevation and modalities as required

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Guidelines

- Progress ROM at ankle: PF (plantar flexion), inversion/eversion, DF (dorsiflexion) to 0 deg, remainder should be obtained with gait in shoe
- Once tolerated FWB in boot, initiate ONLY in therapy in shoes: Increase ankle/foot strength without push off (stride stance work, tandem balance, ant lunge WS/step ups without push off on surgical side, small squats, bike and general balance activities)
- Manual therapy progression of STM, jt mobs of TC/ST joint of foot as required
- CKC TC jt mobs
- OK to begin with seated heel raises at 9 weeks progressing to supine/prone
- OK to begin swimming and gentle seated bike at 8 weeks

Phase IV: Weeks 10-12

Goals

- Full weight bearing in regular shoe wear

Guidelines

- Retro walking on treadmill
- 12 weeks initiate with standing heel raises with progression from DL to SL and eccentrics painfree
- Sitting: active PF exercises, DF to tolerance

Phase V: Weeks 13-16

Goals

- Full weight bearing in regular shoe wear painfree
- Swelling and pain resolution
- Good proprioception in single leg support

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Guidelines

- Gentle calf stretches, if needed if have not achieved 10 deg DF by 16 weeks on own
- STM, mobilization as required
- Calf press and leg press
- Proprioceptive exercises
- Single leg support
- Progress to wobble board
- 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 and maximum function

Guidelines

- Work or sport specific activity
- Work to control arch
- Strength training through running; band work; heel rise
- Progression from double to single heel rise strengthening

Phase VII: Weeks 26

- Return to competitive sport
- Single heel rise and single leg hop intact

Remember, it may take 6 months to a year to achieve equal single heel rise!