Achilles Repair Post Operative Physical Therapy Protocol

Patient Name: ___________________________ Date: ______________

Surgery: Right/Left Achilles Repair

Date of Surgery: __________

Frequency: 1 2 3 4 times/week  Duration: 1 2 3 4 5 6 Weeks

0-2 WEEKS
NWB with assistive device x 2 weeks
Immobilization in splint

2-6 weeks
50 % WB with ROM walker boot
Active dorsiflexion, passive plantarflexion, ankle ROM

6-12 weeks
FWB at 6 weeks if incision healed
Begin PT at 6 weeks for strengthening
Begin Active Plantar Flexion – begin with isometrics, progress to isotonics
Wear CAM Walker Boot up to 8 weeks post-op. Can use high top shoe after CAM Walker

12-16 weeks
ROM/stretching Achilles as needed, 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 mobes as needed
Stairmaster, bike for cardio
Ice as needed

Criteria to progress:
Good gait mechanics
ROM equal to opposite side
Controlled inflammation
No pain
Plantarflexor strength 4/5 (perform 10 partial to full toes raises)
16-20 weeks
Progress previous exercises: hip and knee PRE’s
Progress to WB unilateral heel raises
Stairmaster
Isokinetics for ankle (inv/ev, dors/plfl) – optional
Begin jumping progression: leg press, min-tramp, ground)
Functional rehab
Forward dips multiple plane for balance
Begin light plyos
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

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

Comments:

___ Functional Capacity Evaluation  ___ Work Hardening/Work Conditioning  ___ Teach HEP

Modalities
___ Electric Stimulation  ___ Ultrasound  ___ Iontophoresis  ___ Phonophoresis  ___ TENS  ___ Heat before
___ Ice after  ___ Trigger points massage  ___ Therapist’s discretion

Signature_____________________________ Date____________________