



PROTOCOL

Achilles Surgery and Non-Op Treatment

Physician Appointments

1-2 weeks after surgery
3 weeks after surgery
6 weeks after surgery
12 weeks after surgery
Boot for 8-12 weeks
Heel lifts for 4-6 weeks

Week 0-2: Patient will be placed in splint; NWB with assistive device

Day ~10-14: **Simple Achilles Repair:** Cast or Achilles boot with two heel wedges WBAT
Calcaneal Excision in Addition to Achilles Repair: WBAT Achilles boot with two heel wedges

FHL Transfer for a Chronic Achilles Tear or Tendinopathy: NWB cast first three weeks Transition to an Achilles walking boot with two heel wedges at three to six weeks post-op

Gastroc Lengthening and or Achilles Lengthening: WBAT in a WB cast and transitioned to a walking boot at three to six weeks post-op. If doctor permits, may be in a walking boot initially with physical therapy starting at weeks one to two for ROM.

HEP: AROM exercises, no passive DF past neutral up to six weeks, may do active AROM towards DF **EXCEPT WITH GASTROC/ACHILLES LENGTHENING (No DF restrictions)

Week 3-6: **Sutures Out (between weeks two and three)**

Activity:

- Walking boot with two heel lifts (about 2.5 cm)
- Full weight-bearing with crutches for support
- Active plantar flexion of ankle
- Can dorsiflex to neutral
- Continue ice / elevation
- Can perform upper body exercises
- Can perform knee and hip motion exercises
- Leg lifts from sitting, prone or side-lying position

Week 4: **Remove one walking boot heel wedge**

Week 6: **Physical Therapy Prescription**

Remove last walking boot wedge

Activity:

- Weight-bearing as tolerated
- Dorsiflexion stretching SLOWLY
- Start graduated resistance exercises
- Proprioceptive and gait training
- Incision mobilization
- Fitness exercises — bike, elliptical, treadmill walk



Physical Therapy Progression:

Phase 1:

In boot (weeks six to eight)

- **HEP:** Self scar mobilization once scar is fully healed, NWBing exercises (towel calf stretch to 5° DF, IN/EV/PF passive stretches, IN/EV AROM, ankle alphabet, seated heel and toe raises)
- **AROM:** increase to WNL with passive stretching and joint mobs (conservative DF to 5° until D/C of boot)
- **Strengthening:** Open chain and AROM of ankle (progressive T-band, ankle weights, seated BAPS, MRE)
- Open chain Quad, HS, and hip strengthening are appropriate when WB in boot remains low
- Standing exercises in boot once patient increases to 75% of FWB (SLS, marching, steps, leg press at weight equal to WBing status)
- **Modalities:** CP, vasopneumatic compression, US and ES as needed for swelling and pain

Phase 2:

Out of boot (weeks eight to 12)

- Wean off boot - can use crutches to help wean
- **Advance HEP:** WBing exercises (gastroc and soleus stretches, standing heel and toe raises, SLS balance)
- **Gait:** encourage patient to transfer weight onto forefoot and allow DF at heel off, progressing to toe off in order to initiate the calf for proper push off. *Goal: no gait deviation by week 10*
- **ROM:** continue to address deficits. *Goal: AROM to equal B/L by week eight*
- **Strengthening:** Begin closed chain exercises and progress ankle strength all directions, begin calf press at low weight, use both concentric and eccentric calf exercises. *Goal: DF/IN/EV 5/5, PF 3-/5 by week 10*
- **Proprioception:** increase balance and stability. *Goal: SLS EO 30sec, EC 20-30sec*

Phase 3:

Return to sport (weeks 12+)

- **Jogging:** may begin light jogging once there is no deviation with gait or stairs and calf strength is a minimum of 4/5
- **Bilateral plyometrics:** may begin once there is no gait deviation and calf strength is 4+/5
- **Unilateral plyometrics:** may begin when there is no pain or difficulty with bilateral plyometrics and calf strength is 5/5
- **Sport specific activities:** may begin at four to six months post op

