Achilles Rehabilitation Protocol
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General Notes: Non-operative and operative protocol is very similar. If non-operative treatment is elected, the protocol will initiate at the 10-14 day mark as noted below with the exception of the surgical scar tissue mobilization instructions. The importance of not walking without the appropriate lift until the noted timeframe must be stressed as any steps taken without support can result in stretching of the healing tendon, particularly in the non-operative group.

PHASE I: Weeks 1-4

Goals: Wound healing. Initiation of motion

Day 1

1. Foot wrapped in bulky Jones Dressing with plaster preventing movement of the leg
2. Elevate, take pain medication
3. Wiggle toes every hour while awake
4. Expect numbness in leg for 4-72 hours depending on the type of anesthesia used.
5. Hang foot down for 1 minute every hour while awake then return to elevation.

Day 10-14

1. First follow-up in the office, dressing is removed. Sutures removed when wound healed.
2. Place in boot with foot positioned in slight equinus with heel wedges (Procare: 2 wedges plus heel cup). Gentle active plantarflexion (downward movement of the foot) will be started. No active dorsiflexion or stretching into dorsiflexion beyond 20 degrees plantarflexion.

2-4 Weeks

1. Continue use of boot
2. May shower and get wound wet if fully healed but no weight bearing out of boot
3. Partial weight bearing on your leg but must use crutches.
4. Gentle exercise on bicycle permitted with the boot
5. Active plantarflexion and dorsiflexion up to neutral and inversion/eversion below neutral.
6. Towel curls with 20 degrees plantarflexion
7. Standing hamstring curls.
8. Upper body conditioning without any weight bearing on involved extremity.
9. Isometric Plantar Flexion 10 second holds 10 times 3-4 times daily

PHASE II: Weeks 4-8

Goals: Full weight bearing, Active motion to neutral dorsiflexion, scar tissue control, early strengthening

4-6 Weeks

1. Wean from crutches and advance weight bearing in the boot with heel lifts. Continue with previous exercises. Discontinue one lift at 5 weeks and the second at 6 weeks. Should be flat in boot at 6 weeks. May continue to use heel cup as desired.
2. Advance scar massage if needed.
3. Initiate early Theraband exercises: PF/DF to neutral/ INV/EV
4. Continue stationary bike in boot
5. If wound is healed, may start in pool with upper body crawling. No pushing off or kicking. May start deep water running if cleared by your surgeon.

6-8 Weeks

1. Second follow-up in the office.
2. Start deep water running.
3. Start graduated resistance exercises with physical therapy including leg press, seated to raises advancing to standing, seated heel raises advancing to standing heel raises starting with eccentrics bilateral then unilateral.
4. Start gentle stretching with physical therapy
5. Start proprioception/balance exercises with physical therapy.
6. Advance cardiovascular exercises to cycling out of boot, stairmaster, walking in therapy
7. May start kicking in pool but no push off.
8. Wean from boot into shoe with heel lift.

PHASE III

Goals: Normalize gait, attain full AROM, Progression of functional activities

8-12 Weeks

1. Third follow up visit at 10-12 weeks post op.
2. Should be fully out of boot by 8 weeks.
3. Advance cardio activities to light running/elliptical.
4. Gradually start pushing off in the pool.

**PHASE IV**

**Goals:** Return to sport specific activities

>12 Weeks

1. Follow-up visit at 6 months and again at 1 year if recovery on course.
2. Continue to retrain strength, power, endurance
3. Continue proprioception
4. Plyometric training and full weight lifting.
5. Sport Specific drills