



Arizona Orthopedic Surgical Specialists

Post-Operative Physical Therapy Protocol for Achilles Tendon Repair Dr. Adam Farber

Post-Operative Weeks 0 – 2:

Immobilization:

- Short leg splint
- Keep splint clean and dry

Weight-bearing:

- Non-weightbearing with crutches

Post-Operative Weeks 2 – 4:

Immobilization:

- Cam Walker boot with 2 cm heel lift
- Boot should be worn at all times, except when bathing, including sleeping

Weight-bearing:

- Non-weightbearing with crutches

Range of Motion Exercises:

- Active plantarflexion and dorsiflexion to neutral
- Dorsiflexion should not exceed 0°
- Ankle inversion and eversion below neutral
- No passive heel cord stretching

Modalities:

- Modalities to control swelling
- Incision mobilization modalities
 - If scar mobilization is indicated scar mobilization should be attempted using friction, ultrasound, or stretching. Heat may be applied before beginning mobilization techniques

Other Exercises:

- Knee and hip exercises with no ankle involvement
 - Leg lifts from sitting, prone, or side-lying position

Post-Operative Weeks 4 – 6:

Immobilization:

- Cam Walker boot with 2 cm heel lift
- Boot should be worn at all times, except when bathing, including sleeping

Weight-bearing:

- Begin partial weightbearing with crutches and progress to full weightbearing as tolerated in Cam Walker boot with heel lift

Range of Motion Exercises:

- Active plantarflexion and dorsiflexion to neutral
- Dorsiflexion should not exceed 0°
- Ankle inversion and eversion below neutral
- No passive heel cord stretching

Modalities:

- Modalities to control swelling
- Incision mobilization modalities
 - If scar mobilization is indicated scar mobilization should be attempted using friction, ultrasound, or stretching. Heat may be applied before beginning mobilization techniques

Other Exercises:

- Knee and hip exercises with no ankle involvement
 - Leg lifts from sitting, prone, or side-lying position

Post-Operative Weeks 6 – 8:

Immobilization:

- Remove heel lift
- Continue use of Cam Walker boot
- Boot should be worn at all times, except when bathing, including sleeping

Weight-bearing:

- Weightbearing as tolerated in Cam Walker boot
- Wean out of crutches

Range of Motion Exercises:

- Active plantarflexion and dorsiflexion
- Ankle inversion and eversion
- Range of motion to tolerance
- No passive heel cord stretching

Modalities:

- Ice, heat, and ultrasound as indicated
- Incision mobilization modalities
 - If scar mobilization is indicated scar mobilization should be attempted using friction, ultrasound, or stretching. Heat may be applied before beginning mobilization techniques

Other Exercises:

- Knee and hip exercises with no ankle involvement
 - Leg lifts from sitting, prone, or side-lying position
- Graduated resistance exercises including open and closed kinetic chain as well as functional activities
- Proprioceptive and gait retraining exercises
- Fitness/cardiovascular exercises to include weightbearing as tolerated
 - Bicycling, elliptical machine, walking, and/or StairMaster
- Hydrotherapy

Post-Operative Weeks 8-12:

Immobilization:

- Wean out of Cam Walker boot

Range of motion:

- Gentle passive dorsiflexion stretching
- Active plantarflexion and dorsiflexion
- Ankle inversion and eversion
- Range of motion to tolerance

Weight-bearing:

- Return to crutches and/or cane temporarily as necessary while weaning out of the boot
- Weightbearing as tolerated

Exercises:

- Continue to progress range of motion, strength, and proprioception
- Aggressive dorsiflexion and plantarflexion resistive exercises with emphasis on plantar eccentrics

Post-Operative Week 12 and Beyond:

Exercises:

- Continue to progress range of motion, strength, and proprioception
- Retrain strength, power, and endurance
- Increase dynamic weight-bearing exercise, include plyometric training
- Sport-specific retraining