

Achilles Tendon Repair Protocol

Dr. Lindsey Hjelm

Time Frame	Treatment	Goals
Phase I Weeks 0-4	NWB x 2 weeks, brace/splint worn at all times until removed by MD, elevate when resting HEP: toe curls , toe spreading, and gentle foot motion as able in the splint, prone knee flexion, knee extension stretch, standing hip strengthening in NWB, quad set, SLR, clamshells	Control inflammation and swelling – rest/elevation. Gradual increase of ADL's. Leg strengthening exercises.
Phase II Weeks 4-6	Transition to CAM walker, WBAT ONLY IN CAM Gait training with crutches Heel lifts (Remove starting at week 4) -Remove 1 single heel lift per week with guidance of surgeon/PT Continue hip/knee HEP from Phase 1 HEP: (Weeks 2-4) Begin ankle ROM (PROM PF/Inv/Ev below neutral, AROM PF, DF to neutral (Weeks 4-6) Add gentle active DF to gentle stretch of Achilles Progress core strengthening, stationary bike in CAM	Manage pain and control swelling. Maintain hip and knee ROM. Improve core, hip, and knee strength. Crutch use to FWB in CAM Slowly increase DF to neutral.
Phase III Weeks 6-12 Most initiate formal PT at 6 weeks postop with MD approval	Discontinue heel lift in CAM walker WBAT weeks 6-8 (crutches PRN) Wean from CAM walker weeks 8-12 (crutches PRN) Emphasize normal gait throughout Exercises: TB strength x 4, DL calf raise to SL eccentric calf raise, balance and proprioception, progress stretching, stationary bike, pool therapy/gait training Goal is full PROM weeks 8-12	FWB in CAM walker then weaning out of CAM walker. Increase core, knee, and hip strength. Increase ankle DF Early strengthening of calf muscles.
Phase IV Weeks 12+	Sport Specific Training Progression of weight bearing strengthening, proprioception, and balance training Begin pain free plyometrics and jogging at 14 weeks (if strength is appropriate) MD clearance for return to sport Hop Testing/Functional Return to Sport Testing	FWB with no pain/normal gait. Strength 4+/5 Achilles. Good single leg balance. Full LE strength.