

**Non-Operative Achilles Rupture Protocol
Dr. Lindsey Hjelm**

Time Frame	Treatment	Goals
Phase I Weeks 0-2	Patient casted in maximum planter flexion NWB, using appropriate assistive device	Appropriate functional mobility maintaining NWB. Proper and safe use of assistive device.
Phase II Weeks 2-8	Placed in CAM walker with heel lifts Emphasize pain free mobility Avoid PROM ankle DF past neutral Weight bearing progression with heel lifts <ul style="list-style-type: none"> - Week 2-3: 25% Body Weight - Week 3-4: 50% Body Weight - Week 4-5: 75% Body Weight - Week 5-6: 100% Body Weight Gait training in CAM at 6 weeks (remove heel lifts 1 per week) HEP: Active PF and DF to neutral, Inv/Ev below neutral, knee and hip strengthening. 6 weeks – progress resisted open and closed chain strengthening	Good tolerance of weight bearing progression with no pain. Normal gait progressing to FWB in CAM. Full knee AROM, minimal edema, minimal pain.
Phase III Weeks 8-12	Wean out of CAM walker, compression brace as needed for swelling, shoes at all times Exercises: progress bike, elliptical, walking, balance, and proprioceptive exercises as tolerated Add gentle calf stretching in standing to neutral Double leg to single leg heel raises to neutral Loaded lunges, squats, step ups as tolerated	Progression of ROM, strength, and proprioception. FWB without CAM walker with normal gait. Complete double leg heel raises with minimal pain.
Phase IV Weeks 12-16+	Avoid excessive stretching and pain for 6 months 16+ weeks: begin plyometrics and jogging once they can do 25 single leg heel raises 6-9 months: Return to sports without contact if 80% strength 12 months: Return to sports once cleared by MD if 100% strength Functional Hopping/Return to Sport Testing?	Patient regains 80-100% strength. Able to complete single leg heel raises. Proper gait mechanics and non-antalgic hopping/jogging. Full Return to Sport when able. Able to complete double leg heel raises.