

Achilles Tendon Repair

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Phase I: 0 – 6 weeks

Goals for Phase I:

1. Swelling and pain control
 2. Functional gait with crutches
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- A. Orthotics: Patient is initially immobilized in a cast. Cast is removed w/in 1st 2 wks., ankle immobilizer boot is applied when cast is removed. A felt heel lift may be needed in boot if pt. is unable to dorsiflex ankle to neutral. Heel lift should be gradually lowered as Dorsiflexion improves. When neutral Dorsiflexion is achieved, heel lift should be removed (w/in 2 wks of boot application).
 - B. Gait-training: Patient will be non-weight bearing while casted. Will need instruction in safe, functional gait. When boot is applied, WBAT with emphasis on proper heel strike. Gradually wean from crutches when heel lift is discontinued.
 - C. Soft tissue management: swelling control
 - D. ROM: No active plantarflexion. Active Dorsiflexion may be performed with passive plantarflexion. Low intensity towel roll gastroc stretching may be performed so neutral Dorsiflexion (0 degrees), is achieved w/in 2 wks from boot application. Active Dorsiflexion should not exceed 10 degrees to prevent overstretching the repaired Achilles.
 - E. Swelling control: retrograde massage (foot and ankle)

Phase II: 6 - 10 weeks

Goals for Phase II:

1. Normal gait
 2. Functional ROM
 3. Functional strength
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- A. Orthotics: Continue with walker boot
 - B. Gait-training: WBAT with walker boot. Crutches should no longer be used
 - C. ROM: May begin active plantarflexion after 6 wks post op. Continue light gastroc stretching (do not exceed 10 degrees Dorsiflexion).
 - D. Strengthening: Begin with AROM, progress to light PRE's at beginning of week 8, including: active seated dynadisc for ROM/strengthening, BAPS, T-band (4-way). (no calf raises in standing)
 - E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase III: 10 - 14 weeks

Goals for Phase III

1. Normal ROM
 2. Good strength
 3. Begin work/sports activities
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- A. Orthotics: Rocket-sock or air-cast used for stability as needed (only when ordered by Doctor), Wean out of boot over 1 wk time period when order received for ASO or air cast.
 - B. ROM: Continue A/PROM as needed
 - C. Strengthening: When boot DCed, begin more aggressive PRE's, weights, double leg calf raises and progress to single leg calf raises when indicated.
 - D. Balance/Proprioception: Controlled single leg balance/proprioceptive activities.
 - E. Functional activities: Begin functional activities (climbing stairs, etc.)

Phase IV: 14 weeks to release

Goals for Phase IV:

1. Normal strength
 2. Return to work/sports
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- A. Continue strengthening/conditioning as needed
 - B. Functional activities: gradual introduction and progression to recreation specific training.

