



A Member of Trinity Health

Tara G. Moncman, DO

Orthopaedic Foot and Ankle Surgery

Office: 5597 N Dixie Hwy, 2nd Floor, Fort Lauderdale, FL 33334

Phone-direct: (954)958-4800 (M-F, 9am-5PM)

Surgery: _____ **Achilles Tendon Insertional Reconstruction** _____

Date of surgery: _____

This protocol provides you with general guidelines for your post-operative course. It includes guidelines for the average patient throughout the initial stage and progression of rehabilitation. This is based on an accelerated rehabilitation protocol. Not everyone will be able to perform each activity at each time frame. Specific changes in the program will be made by the physician as appropriate for the individual patient.

REMEMBER: It can take up to a year to make a full recovery! You should expect to have swelling, aches, pains, intermittent numbness/tingling, good days, and bad days throughout this process. In particular, swelling may be on-going for 6 months and often up to a year following surgery. Be patient! Trust the process! You will get better!

BASIC RECOVERY:

- NO CASTING
- 6 weeks non-weight bearing to allow wound to heal
- Weight bearing in Achilles boot at 6 weeks post-op
- Come out of boot for active plantarflexion at 3 weeks
- Physical therapy begins at 6 weeks post-op
- Wean out of boot and into sneaker beginning at 8 weeks
- Driving may begin at 8 weeks post-op (for RIGHT leg)
- Biking, swimming at 8-10 weeks post-op
- Running, jumping, high impact between 4-6 months

FOR PHYSICAL THERAPISTS:

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Rest and recovery from surgery
- Control swelling and pain via compression stocking
- Incision care-keep clean and dry. Must use waterproof cast cover until closed. If concern of wound, please take a picture and call Dr. Moncman's office
- Gradual increase of ADL (activities of daily living)

- Prevent blood clots (DVT/PE)

Guidelines

- Ice under knee
- **Elevation above level of heart. Keep heel free from pressure**
- Take Aspirin 81mg twice daily (or equivalent) to prevent blood clots
- **No weight bearing when walking. Use assistive device for safety all times**
- May rest foot down when standing or sitting
- **Do not remove post-op splint/dressing**
- **Must use waterproof cast cover to shower/bath**
- Sutures removed at 3 weeks post-op

Phase II: Weeks 3-6

Goals

- Improve core, hip, knee strength/ROM and ankle strength
- Continue non-weight bearing in Achilles boot with 2 wedges
- **Can remove boot to sleep, shower, and gentle ROM exercises**
- **Begin plantarflexion activation exercises at home. NO active/passive dorsiflexion past neutral**

Guidelines

- Control swelling with compression/ice/elevation
- **Shower after sutures removed. NO baths, pools, hot tubs, soaking wound until completely healed (6 weeks post-op)**
- Active plantarflexion ONLY (gentle seated toe-taps; light theraband to 15 degrees only)
- Gentle PROM/AROM/AAROM in plantarflexion, inversion, and eversion ONLY
- **NO active dorsiflexion; NO dorsiflexion past neutral**
- Seated heel raises
- Desensitization, edema control, gentle soft tissue mobilization
- AVOID direct scar massage
- Core and whole body strength exercises (hip, knee)

Phase III: Weeks 6-10

Goals

- Full weight bearing in Achilles boot with 2 wedges
- Initiate wedge removal protocol
- Regular shoes by 8-10 weeks. SLOW progression from Achilles boot to shoe weaning 1-2 hours/day. Normal to get increased swelling with this transition. Compression stocking, ice, elevation, cane use to unload if needed.
- Swelling control with elevation and modalities as required

Guidelines

- **Progressive weight bearing in Achilles boot with 2 wedges (wean crutches, knee scooter, or other assistive device)**
- Once tolerates full weight bearing in boot, initiate therapy in sneakers ONLY
- Beginning at 6 weeks, remove 1 wedge per week, as tolerated. After 1 week with no wedges can transition to sneakers +/- heel lift, as tolerated.
- Progress PROM/AROM/AAROM at ankle in all planes, gentle isometrics and progressing with t-band strengthening; **EXCEPT dorsiflexion to neutral (0 deg dorsiflexion) or first point of resistance**
- **Gentle stretching of Achilles ONLY until 0 deg dorsiflexion achieved. Stop at this point to avoid overstretching Achilles and compromising strength integrity. Remainder should be obtained with gait in shoe.**
- **Gentle stationary bike without resistance (MUST raise height of seat to decrease ankle ROM so ankle does not dorsiflex past neutral)**
- Increase ankle/foot strength without push off (stride stance work, tandem balance, ant lunge WS/step ups without push off on surgical side, bike and general balance activities)
- Try to control knee hyperextension (knee will do this to compensate for the lack of dorsiflexion)
- Manual therapy progression of soft tissue mobilization, joint mobilization of ankle/subtalar and other joints of foot as required
- Closed chain hip/knee strengthening; core-work

Phase IV: Weeks 10-12 (for some patients this may be Weeks 8-12 if progressing faster)

Goals

- Full weight bearing in regular shoe wear
- Return to all activities of daily living
- Light exercise: walking, swimming, biking

Guidelines

- **Progress stretching in all planes: inversion/eversion, plantarflexion, dorsiflexion (to 0 deg; allow remainder to be obtained with gait in shoe)**
- Begin walking for exercise, swimming, and gentle seated bike with resistance
- Sitting: active plantarflexion exercises, dorsiflexion to tolerance
- Begin with seated heel raises progressing to double leg standing as tolerated
- **At 12 weeks, progression from double leg to single leg as tolerated and when eccentrics are pain-free**
- **At 12 weeks, can start zero gravity Alter-G treadmill or pool treadmill**

Phase V: Weeks 13-16

Goals

- Full pain-free, weight bearing in regular shoes
- Swelling and pain resolution
- Good proprioception in single leg support

Guidelines

- Progress ROM at ankle: plantar flexion, inversion/eversion, dorsiflexion
- **Gentle calf stretches, if have not achieved 10 deg dorsiflexion by 16 weeks on own**
- Retro walking on treadmill
- Soft tissue mobilization, as needed
- Calf press and leg press
- Proprioceptive exercises
- Single leg support
- Progress to wobble board
- Gait retraining
- Swimming
- Stepper
- Eccentric drops

Phase VI: Week 16+

Goals

- Full lower extremity strength and maximum function
- Plyometrics
- Work or sport specific activity

Guidelines

- **Sports specific exercise/agility progression, emphasis on proper mechanics**
- **Light jogging in straight plane only at 16+ weeks**
- **Progress to advance dynamic drills 16 + weeks**
- **Hopping – skipping – progress to sport specific drills 16 + weeks**
- Work to control arch
- Joint mobilization, as needed
- Continued progression of strength/stability/balance exercise on stable and unstable surfaces to correct altered mechanics
- Plyometrics progression: single-leg shuttle plyometrics, B/L LE straight-plane & diagonal plane rotational & multi-directional tuck jumps
- Resisted jogging in place with resistance in all planes
- Strength training through running; band work; heel rise
- Progression from double to single heel rise strengthening

Phase VII: Weeks 26+

- Return to competitive sport
- Repetitive single heel rise and single leg hop intact
- Remember, it may take 9 months to a year to achieve equal single heel rise!