



A Member of Trinity Health

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Achilles Tendon Rupture Non-Operative Management

This protocol provides you with general guidelines for your rehabilitation 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, good days, and bad days throughout this process. In particular, swelling may be on-going for 6 months and even longer. Be patient! Trust the process! You will get better!

BASIC RECOVERY:

-The goal of recovery is STRENGTHENING (NOT stretching)! Your Achilles tendon will continue to stretch out for 1 year after it has healed. You do not want it to over-stretch or you will lose strength/power.

- NO CASTING
- 3 weeks non-weight bearing with crutches in Achilles boot with wedges
- Weight bearing begins at 3 weeks in Achilles boot
- Gentle ROM begins at 6 weeks
- Physical therapy begins at 6 weeks
- Sleep in Achilles boot for first 3 weeks
- 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 10 weeks post-op
- Running, jumping, high impact between 4-6 months

FOR PATIENTS: "When can I return to sport?"

Once you can repetitively come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to sports and all activities. This may take 6 months to a year.

FOR PHYSICAL THERAPISTS:

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Rest and recovery from injury
- Control swelling and pain
- Must use waterproof cast cover over Achilles boot
- 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
- **Non-weight bearing when walking. Use assistive device for safety all times**
- May rest foot down when standing or sitting
- **DO NOT remove Achilles boot. Must stay on like a cast**
- Must use waterproof cast cover to shower/bath so boot does not get wet

Phase II: Weeks 3-6

Goals

- Begin weight bearing as tolerated in Achilles boot with 3 wedges (wean crutches, knee scooter, or other assistive device)
- Improve core, hip, knee strength/ROM and ankle strength
- Use even-up, as needed, for non-injured shoe to balance gait and prevent hip/back pain

Guidelines

- **Progressive weight bearing in Achilles boot with 3 wedges**
- **Boot to be worn AT ALL TIMES except for sleep, showering/bathing, and gentle ROM exercises at home**
- Active plantarflexion, inversion, eversion. No active dorsiflexion. NO dorsiflexion past neutral.
- Control swelling with compression/ice/elevation
- Can use stationary bike with Achilles boot on and light resistance
- Core-work, upper body strengthening

Phase III: Weeks 6-10

Goals

- Initiate wedge removal protocol; remove 1 wedge every week. Once comfortable weight bearing with no wedges can transition to sneaker
- Regular shoes by 8-10 weeks. SLOW progression from 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.

- No dorsiflexion past neutral (except with gait)
- Swelling control with elevation and modalities as required

Guidelines

- **Once tolerates full weight bearing in Achilles boot, initiate therapy in sneakers ONLY**
- Progress PROM/AROM/AAROM at ankle in all planes, gentle isometrics and progressing with t-band strengthening, as tolerated
- **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.**
- 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)
- Manual therapy progression of soft tissue mobilization, joint mobilization of ankle/subtalar and other joints of foot as required
- OK to begin with seated heel raises at 9 weeks progressing to double leg standing as tolerated
- Single leg eccentric lowering
- Closed chain hip/knee strengthening; core-work
- Begin swimming with thigh booney along injured leg
- Stationary bike with sneaker once transitioned to sneaker full time

Phase IV: Weeks 10-12

Goals

- Full weight bearing in sneaker
- 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)
- **Slow dorsiflexion stretching if unable to achieve neutral dorsiflexion (SLOWLY)**
- Retro walking on treadmill
- Sitting: active plantarflexion exercises, dorsiflexion to tolerance
- 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**
- 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
- **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**

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
- 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 6 months to a year to achieve equal single heel rise!
 - It is also very common for your calf to never get back to the same size as your non-injured side. With dedication to your rehab most patients get very close!
 - You are now at an increased risk of sustaining an Achilles rupture on the opposite side, so

continue with stretching and strengthening on both sides.