



A Member of Trinity Health

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Surgery: \_\_\_\_\_ **Achilles Rupture Repair** \_\_\_\_\_

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:**

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

- NO CASTING
- 2 weeks in a splint, non weight bearing
- Weight bearing in Achilles boot at 2 weeks post-op
- Come out of boot for active plantarflexion at 2 weeks
- Physical therapy begins at 5 weeks post-op
- Wean out of boot and into sneaker beginning at 6 weeks
- Driving may begin at 7 weeks post-op (for RIGHT leg)
- Biking, swimming at 7 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 1-2***

##### 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 2 weeks post-op

#### ***Phase II: Weeks 2-5***

##### Goals

- Improve core, hip, knee strength/ROM and ankle strength
- Begin weight bearing as tolerated in Achilles boot with 2 wedges (wean crutches, knee scooter, or other assistive device)
- Begin plantarflexion activation exercises at home. NO active dorsiflexion.
- Use even-up, as needed, for non-operative shoe to balance gait and prevent hip/back pain
- Begin physical therapy (PT)

##### Guidelines

- **Full weight bearing in Achilles boot with 2 wedges**
- **Wear boot for ALL standing, weight bearing activities**
- OK to remove boot to sleep, shower/bath (but must sit to shower), physical therapy, and home exercises 3 times per day
- Shower after sutures removed. NO baths, pools, hot tubs, soaking wound until completely healed (6 weeks post-op)
- Control swelling with compression/ice/elevation
- 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**

- Desensitization, edema control, gentle soft tissue mobilization
- AVOID direct scar massage

### ***Phase III: Weeks 6-8***

#### Goals

- Wedges removed per heel wedge protocol (1 wedge per week)
- Regular shoes by 6-8 weeks. SLOW progression from CAM 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
- OK to drive at 7 weeks post-op (or when comfortable in a sneaker) (if RIGHT side)

#### Guidelines

- **Once tolerates full weight bearing in 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 6 weeks progressing to double leg standing as tolerated
- **Gentle stationary bike without resistance (MUST raise height of seat to decrease ankle ROM so ankle does not dorsiflex past neutral); progress to gentle resistance as tolerated**
- Single leg eccentric lowering
- Closed chain hip/knee strengthening; core-work
- **OK to begin swimming and at 6 weeks with operative thigh on buoy; no active kicking on operative leg**

### ***Phase IV: Weeks 8-12***

#### 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)
- 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.