

Postoperative Rehabilitation for Achilles Tendon Repair after Acute Rupture
Dr. Aukerman 1/2018

DOS: _____

Week 1, Begin Date: _____

- TTWB
- ROM: out of splint active flexion/DF, 2 sets of 5 reps, 3 times a day
- No strength exercises

Week 2, Begin Date: _____

- Progressive, partial weight bearing
- ROM: PF/DF, 2 sets of 20 reps IV/EV 2 sets of 20 reps
Circumduction (both directions) 2 sets of 20 reps
- Strength exercise: isometric IV/EV, 2 sets of 20 reps (in neutral). Toe curls with towel and weight
- Gentle manual mobilization of scar tissue, cryotherapy with caution for any open areas of the wound

Week 3, Begin Date: _____

- Progressive partial weight bearing in walker splint to full weight bearing
- ROM: previous ankle ROM continued. Gentle passive stretching in DF with strap or towel begins
- Strength: Isometric IN/EV, 2 sets of 10 reps. Isometric PF, 2 sets of 10 reps, progression to 20 reps over the course of week 3. One rubber band IV/EV, 2 sets 10 reps. One rubber band PF/DF, 2 sets 10 reps
- Manual mobilization of scar and cryotherapy continues. Stationary cycling begins, 7-12 minutes, minimal resistance. No water exercise.

Week 4-6, Begin Date: _____

- Full weight bearing status, as cleared by physician
- ROM: Previous exercises decreased to 1 set of 10 reps each direction. Passive stretch continues into DF with progressively greater efforts, knee at full extension and flexed to 35-40 degrees. Begin standing calf stretch knee fully extended and flexed at week 5
- Strength: Decrease isometrics to one set of 20 IV/EV and PF. Progress to three rubber bands. EV/IV/DF/PF, 3 sets 20 reps. Stationary cycling to 20 minutes with minimal resistance
- Gentle cross-fiber massage to Achilles tendon to release adhesions between tendon and paratendon; cryotherapy continues; US; phono; and electrical stimulation may be added for chronic swelling or excessive scar formation.
- Cycling as outline above; water exercise continues on totally buoyant state.

Weeks 6-12, Begin Date: _____

- Weight bearing status per physician
- ROM: Further progressed with standing calf stretch

-Strength: Omit isometrics. Continue three rubber band ankle strengthening in all directions. Begin double-legged toe raises with body weight as tolerated. Balance board exercises are begun for proprioceptive training.

-Therapy adjuncts as needed.

-Stationary cycling, treadmill walking, stair master, water exercises in chest deep water.

Weeks 8-10, Begin Date: _____

-Progress weight bearing out of cast boot and into hiking boots and to shoes as tolerated.

-Continue 6 week program

Weeks 12+, Begin Date: _____

-Full weight bearing in regular shoes

-Full ROM

-Strength: toe raises should progress to use of additional weight at least as great as body weight, and, in the case of athletes, up to 1.5 times body weight. Single-legged raises are begun as tolerated.

-Progress to jogging on trampoline and then to treadmill running via walk-to-run program. Eventually, perform steady-state outdoor running up to 20 minutes before adding figure 8 and cutting drills. Water exercises should be performed in shallow (waist-deep) water. In the water, begin to include hopping, bounding, and jumping drills.