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Achilles Tendon Repair PT Protocol

PHASE I

0-2 weeks

NWB with crutches
Immobilization in splint, plantar flexion

PHASE II

2-4 weeks

Convert to CAM walker with Achilles wedge
Remain NWB with crutches

4-6 weeks

Begin therapy at 4 weeks post op
Progress to 50 % WB at 4 weeks post op
Begin ankle ROM active dorsiflexion, passive plantarflexion
May remove individual Achilles wedges as motion progresses

PHASE III

6-12 weeks

Progress to FWB in boot at 6 weeks if incision healed
May wean from boot into regular shoes with heel cup after 8 weeks post op if incision completely healed
Restore ROM in all planes
May progress to isokinetics

PHASE IV:

POW 12-16

ROM/stretching Achilles as needed, other LE muscles
Gait: Ensure good gait pattern: heel-toe gait, good heel strike and push-off, stance time equal left to right
SLB activities (eyes open/closed, head nods, arm movement)
Progress to multiple planes
Ankle theraband
Begin functional strengthening exercises
Leg press - bilateral
Leg press toes raises (bilateral, progress to unilateral)
Progress to WB bilateral toe raises
Proprioception activities – i.e. BAPS, balance board
Hip and knee PRE's
Soft tissue and joint mobs as needed
Stairmaster, bike for cardio

Ice as needed

Criteria to progress:

Good gait mechanics

ROM equal to opposite side

Controlled inflammation

No pain

Plantarflexor strength 4/5 (perform 10 partial to full toes raises)

PHASE V:

POW 16-20

Progress previous exercises: hip and knee PRE's

Progress to WB unilateral heel raises

Stairmaster

Isokinetics for ankle (inv/ev, dors/pltf) – optional

Begin jumping progression: leg press, min-tramp, ground)

Functional rehab

Forward dips multiple plane for balance

Begin light plyos

Criteria to progress:

ROM equal to opposite side

Perform 20 unilateral toes raises (full range, pain-free)

Perform bilateral jumping in place 30 seconds each F/B, L/R with good technique

PHASE VI:

5-6 months post-op

Progress previous exercises

Progress jumping to hopping

Begin jogging/running when hopping is performed with good technique

Sport specific drills for appropriate patients

Criteria to discharge non-athletes:

Good gait pattern

ADL's without difficulty

Gastroc/soleus 4+ - 5/5 strength

Criteria to discharge athletes:

Good gait pattern

Patient performs the following tests within 80% of the uninvolved leg:

Hop for distance

Single leg balance reach

Isokinetic strength test

Maintenance program should stress continued strength and endurance work at least 2-3 times per week.