

Acute Achilles Tendon Repair Rehabilitation Program

Weeks 0-2

- During the initial 2 weeks following surgery, the patient is non-weight bearing and immobilized in a splint or immobilizer with the foot positioned in 10 - 15 degrees of plantar flexion.

Weeks 2-3

- Continue use of splint or immobilizer and non-weight bearing ambulation.
- Add active inversion and eversion ROM exercises.
- Begin circumduction exercises in both clockwise and counterclockwise directions
- Isometric inversion and eversion strengthening exercises.
- Perform soft tissue mobilization and joint mobilization as needed to reduce adhesion formation, decrease pain and increase ROM. Use caution to protect any incision areas not completely healed.
- Use modalities as needed to decrease pain and swelling.

Weeks 3-4

- Progress to a walking boot with the foot position in 5 degrees plantar flexion.
- Begin partial weight bearing while still using 2 crutches.
- Add gentle dorsiflexion stretching exercises in a non-weight bearing position using a strap or towel.
- Continue ROM exercises. May begin BAPS board in a seated position to increase ROM and strength.
- Add isometric plantar flexion and dorsiflexion strengthening exercises. Progress to isotonic strengthening exercises in inversion, eversion, dorsiflexion, and plantar flexion directions using rubber tubing for resistance.
- Add toe curls.
- Begin stationary bicycling with low resistance. Position the foot flat on the pedal.

Weeks 4-6

- Gradually progress to full weight bearing status. Progress the patient out of the moon boot and into a shoe using a heel lift. Gradually lower the height of the heel lift attaining 0 degrees of plantar flexion by the sixth week.
- Progress to partial then full weight bearing BAPS board exercises.
- Gradually increase the resistance on the stationary bicycle. Position the ball of the foot on the pedal allowing ankle dorsiflexion and plantarflexion.
- Continue mobilization techniques and modalities as needed to reduce pain, swelling or scar tissue formation.

Weeks 6-8

- May begin isokinetic strength training in all directions. Discontinue isometric strengthening exercises.
- Progress to toe raises in standing.

Months 2 - 3

- Gradually add and increase weight resistance during standing toe raises exercises as tolerated. Do not exceed a weight 1.5 times greater than body weight.
- Continue and progress with additional closed kinetic chain and proprioception exercises.

Months 3-4

- Achieve full dorsiflexion by 3 months post-surgery
- Continue gastroc and soleus stretching
- Progress to single leg toe raise strengthening exercises
- Begin a running program starting with jogging on a trampoline. Progress to a treadmill then outdoor running as tolerated. May begin agility drills when able to run 1.5-2 miles.