



## Achilles Repair Protocol

<b>Applicability:</b> Physician Practices	<b>Date Effective:</b> 12/2016
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed / or Date Last Revision:</b> 1/2018
<b>Supersedes:</b>	

**Purpose:** Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

**Policy Statement:** Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

**Background:** N/A

**Definitions:** N/A

### **Procedure:**

#### **PHASE I 0-2 Weeks**

NWB with assistive device x 2 weeks

Immobilization in splint

#### **PHASE II 2-6 weeks**

Begin outpatient Physical Therapy (following 2 week MD follow up for removal of splint)

*Camboot:* set at 15° by MD at week 2

Set at 7.5° by PT at week 4

*Gait:* PWB 50% with Camboot and appropriate assistive device

#### *Precautions:*

NO passive dorsiflexion, no active plantarflexion

Gentle soft tissue mobilization and scar massage once incision has healed

#### *Edema Control:*

Ice/cryocuff

Elevation

Tensogrip/kinesiotape

ESTIM as indicated

#### *Suggested exercises:*

##### ROM:

Active dorsiflexion to tolerance

Passive plantarflexion to tolerance

Active and passive inversion and eversion

Knee and hip AROM and strengthening open chain

Optional at 4 weeks- aquatic ther-ex (once incision has healed), WBAT in chest deep water, no



resistance or passive stretching of gastroc/achilles

### **PHASE III 6-12 weeks**

*Camboot*: set at 0° by PT at 6 weeks

Wean from Camboot at 8-9 weeks and educate in proper footwear (may need wide heel counter to minimize pressure on incision)

*Gait*: FWB at 6 weeks if incision healed

Gentle soft tissue mobilization and scar massage once incision has healed

#### *Suggested Exercises:*

- Begin strengthening
- AROM in all directions
- Gentle passive Achilles stretching
- Continue strengthening hip, knee and core
- Stationary bike without resistance

### **PHASE IV 12-16 weeks**

ROM/stretching Achilles as needed

*Gait*: Ensure good gait pattern: heel-toe gait, good heel strike and push-off, stance time equal left to right

#### *Suggested exercises:*

- Balance and Proprioception activities
- Progress ankle strengthening
- Begin functional strengthening exercises
- Leg press - bilateral
- Leg press toes raises (bilateral, progress to unilateral)
- Soft tissue and joint mobs as needed
- Stairmaster, bike for cardio

#### *Criteria to progress:*

- ROM equal to opposite side
- Controlled inflammation
- No pain
- Plantar flexor strength 4/5 (perform 10 partial to full toes raises)

### **PHASE V 16-20 weeks**

#### *Suggested exercises:*

Progress previous exercises: hip and knee PRE's

Progress to WB unilateral heel raises

Stairmaster

Begin jumping progression: squat to heel raise at slow speed, leg press, min-tramp, ground Functional rehab

Forward dips(dip down from stair) multiple plane for balance

Begin light plyometric activities



*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**

*Suggested Exercises:*

- 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

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

**Note Well:** Variances will be communicated by the surgeon directly to Rehabilitation Services.

**Monitoring Plan:** Will be reviewed yearly

**Related Policies:** N/A

**References:** N/A

**Reviewers:**

- A. Key Stakeholders:** Michael Barnum MD, Ortho Medical Director
- B. Committees:** N/A
- C. Key Process Owner (KPO):** Kristy Cushing, Manager Rehab Services
- D. Administration Approval:** Amy Putnam, VP Physician Services

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*Not part of policy:* [ADD Key words for policy search if end user didn't know the name]