


Achilles Repair Guidelines

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

Target Users: Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Definitions: NA

Guidelines:

PHASE I 0-3 Weeks

NWB with assistive device x 2 weeks
 Immobilization in splint

PHASE II 3-6 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
 Set at 0° by PT at week 5

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/achillies

PHASE III 6-12 weeks

Camboot: set at 0° by PT at 5 weeks

Wean from Camboot at 6 weeks and educate in proper footwear (may need wide heel counter to minimize pressure on incision)

Gait: FWB at 6 weeks with progression, out of boot.

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 6-12 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 12-14 weeks through discharge from PT

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: 12-14 week post-op to end of PT

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.

Responsibilities:

Variances will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach
Fourth Edition Giangarra, Charles, Manske, Robert, Brotzman S. Brent copyright 2018

Appendix(ces): N/A

Document Information

Document Title

Achillies Repair Guideline

Document Description

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