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ORTHOPAEDIC SURGERY
FRACTURES
JOINT REPLACEMENT
SPORTS MEDICINE

Achilles Tendon Repair

Open Rehabilitation Protocol

General Considerations:

- Time frames mentioned in this protocol should be considered approximate with actual progression based upon clinical presentation.
- Avoid aggressive active and passive range of motion of the Achilles for 10 - 12 weeks.
- Carefully monitor the tendon and incisions for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e. scar mobilization and friction massage) to decrease fibrosis.
- All exercises should be carefully observed for any signs of compensation or guarding.
- No running, jumping, or ballistic activities for 6 months.
- Aerobic and general conditioning throughout the rehabilitation process is allowed.

0 - 6 weeks:

- Posterior Splint with postoperative dressing for 7-10 days followed by short leg cast at 30° of plantar flexion for 4-5 weeks.
- No push off or toe-touch walking.
- Pain and edema control.
- Toe curls, toe spreads, gentle foot movement in cast, straight leg raises, knee flexion/extension.
- Aerobic and cardiovascular conditioning kept to a minimum, depending on the goals of the patient.

6 - 10 weeks:

- Transition from the cast to a boot and gradually increase weight bearing as tolerated with 1-2 heel wedges in boot.
- At 10 weeks, okay to wear shoes with a heel (i.e. cowboy boots, 1/4 " heel lift in shoes) as tolerated.
- Isometrics of uninvolved muscles, light active dorsiflexion of the ankle until gentle stretch of Achilles.
- Slowly increase passive range of motion and stretch on the Achilles after 8 weeks.
- Proprioception exercises, intrinsic muscle strengthening,
- At 6 weeks, okay to add stationary cycling with heel push only. Deep water workouts.
- Soft tissue treatments daily

10 - 12 weeks:

- Full weight bearing without heel lift as tolerated, gait training.
- Wean into a regular shoe over a 2-4 week period.
- Begin and gradually increase active / resistive exercises of the ankle and Achilles (i.e. sub maximal isometrics, isotonic, resistance band, etc.)
- Manual full passive range of motion of the Achilles--nothing forceful.
- Progress to cycling in shoe, swimming.

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3 - 6 months:

- Closed chain exercises: controlled squats, lunges, bilateral calf raise (progress to unilateral), toe raises, controlled slow eccentrics vs. body weight.
- Cycling, Versa Climber, rowing machine, Nordic Track (gradually).
- Unless excessive fibrosis present, should be discharged into a home program.

6 months:

- Progress training jogging / running, jumping and eccentric loading exercises, noncompetitive sporting activities, sports-simulated exercises.

8 - 9 months:

- Return to physically demanding sport and/or work.