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Achilles Tendon Repair – Rehab Guidelines

Protocol: Brian Grawe, MD

Progression is based on healing constraints and functional progression specific to the patient. Phases and time frames are designed to give a general sense of progression. Acute versus chronic, as well as, concomitant procedures, and physiologic age of the patient

| PHASE I: | Generally 0 - 6 weeks post-op |
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| PHASE I GOALS | Protect surgical repair Avoid a "stiff" ankle – would like ankle dorsiflexion to neutral @ 6 weeks post-op |
| PRECAUTIONS | : Wear ankle boot always for ambulation |
| BRACE/CRUTCHES | Per ortho: Typically patient wears an ankle boot as follows: Weeks 1-2: -30 to -15° (dorsiflexion) in boot - NWB Weeks 3-4: -15 to -0° (dorsiflexion) in boot - NWB (adjust motion tolerances) Weeks 5-6: -15 to -0° (dorsiflexion) in boot - progress to FWB in boot (adjust motion tolerances |
| WOUND | Post-op dressing remains intact until post-op day #2 (~48 hours after surgery) May begin showering after post-op day #2 (no need to cover incision site; however, if casted the cast would need to be covered) *Do <u>NOT</u> submerge ankle in tub or pool for 4 weeks* Begin scar massage after incision site sloughs/scar is formed Suture/staple removal @ 7-10 days per Ortho/PT |
| REHABILITATION | : Keep lower extremity elevated as much as possible, may ice ankle when applicable |
| ~weeks 1-2 | NO PASSIV HEEL CORD STRETCHING (only active motion) Quad sets & glut sets (bilateral) Gentle hamstring stretching Toe wiggles / Toe curls on towel Knee and hip AROM exercises |
| ~weeks 3-4 | NO PASSIV HEEL CORD STRETCHING (only active motion) Sagittal plane ankle exercises only: gentle calf pumps (50-100 repetitions, 5-6 x per day) SLRs and SAQs: may add weight gradually Lower extremity stretching: (HS, Glutes, IT band, piriformis, quads) |
| ~weeks 5-6 | |
| FOLLOW-UP | Physical Therapy: Weekly; Ortho: ~4-6 weeks post-op; Supervised rehabilitation: 1-2 x per week as needed |
| DOCUMENTATION | Precautions, pain level - medications and modalities Observation: (incision sites) - Signs/symptoms of infection? Site healing well? Ankle ROM & gait |



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will alter the guidelines. Importantly, the reconstruction must be protected for the first 4 weeks non-weight bearing, then full weight bearing in a boot for the next 4 weeks. Please do not hesitate to contact me with any questions or concerns.

| PHASE II: | Generally 7-12 weeks post-op |
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| PHASE II GOALS: | Full ankle range of motion |
| | Normal gait and stair ambulation |
| PRECAUTIONS: | No running until 4 months post-op |
| BRACE/CRUTCHES: | Transition out of boot at 8 week mark to FWB in shoe. D/C crutches when gait is WNL. |
| REHABILITATION: | *Continue phase I exercises as needed* |
| | Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in ankle pain or edema since the previous exercise session) |
| | *Note: all strengthening should be done starting with low weights, high repetitions, and in a painless ROM* |
| ~8 weeks | Stationary bike for conditioning |
| | Ankle ROM exercises – add mobilizations/manual stretching as needed |
| | Seated wobble board |
| | Gait training (cone walking, marching, retrowalking, cariocas, shuffles, etc.) |
| | Ankle strengthening with tubing (strengthen eversion in the plantar-flexed position) Seated heel raises |
| | Beginning level pool exercises |
| ~9-12 weeks | Elliptical – add gradually with stationary bike for conditioning |
| J-12 WEEKS | Forward, lateral, and retro step-ups (start with 4", progress as tolerated) |
| | Heel raise progression |
| | Standing gastroc and soleus stretch |
| | Bilateral minisquats – add resistance gradually |
| | Progressive strengthening (knee extensions, leg press, HS curls, hip abd/add) |
| | (first set: 20 repetitions, then 1 additional sets at the same weight to muscle failure) |
| | Progressive standing balance exercises (body blade, plyoball, platform training, etc.) (progress in duration, intensity, double leg to single leg, etc.) |
| | Intermediate level pool exercises |
| FOLLOW-UP: | PT: Bimonthly; Ortho: ~12 weeks post-op; |
| | Supervised rehabilitation: 2-3 x per week as needed |
| | |
| DOCUMENTATION: | Precautions, pain level, medications, modalities |
| | Observation: (incision sites) - Signs/symptoms of infection? Site healing well? Ankle ROM, strength, & gait |
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| PHASE III: | Generally 4-6 months post-op |
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| PHASE III GOALS: | Full ankle ROM and strength Jog at own pace and distance without pain Hop for distance > 90% of uninvolved side |
| PRECAUTIONS: | * <u>NO</u> running until 4 months post-op* * <u>NO</u> participation in contact/collision sports or military schools until 9-12 months post-op* |
| BRACE: | Ankle lace-up brace as needed |
| REHABILITATION: | Continue other phase II exercises as needed Progress in duration and intensity of exercise only if there is no increase in ankle pain or edoma sizes the provious exercise cossion |
| ~13-16 weeks | edema since the previous exercise session. Stairmaster - add gradually with elliptical/bike for conditioning General LE stretching: 5-10 minutes (calf, HS, quads, HF, hip adductors) Progressive strengthening (calf press, leg press, squats (0-45°), HS curls, hip abd/add) (first set: 8-10 repetitions, then 2 additional sets at the same weight to muscle failure) Progressive balance training as needed |
| ~17-26 weeks | Progressive pool program as tolerated Progressive jogging program (begin with jogging on treadmill 5-10 minutes per session Increase time and/or distance no more than 10-20% per wk) Progressive functional training: Begin at 25-50% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, etc.) |
| FOLLOW-UP: | PT: monthly; Ortho: ~6 months post-op; Supervised rehab: 1-2 x per week as needed |
| DOCUMENTATION: | Pain level & medications Ankle ROM & strength Hop for distance |
| MISCELLANEOUS: | After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated. The recommendation is to wait until 8-10 months post-op to return to contact/collision Sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress. |