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Patient Name:

Date:

Date of Surgery:

Visit per week: 2 to 3 times

ACHILLES TENDON REPAIR - PHYSICAL THERAPY PROGRAM (Accelerated Post-Operative Rehabilitation Protocol)

0-2 weeks

- Fiberglass or plaster cast with ankle plantar flexed to approx. 20 degrees; non-weight bearing (NWB) with crutches. (Please do **NOT** get the cast wet)

2-4 weeks

- Follow up in clinic at 2 weeks post op for wound check. You will be placed in another fiberglass or plaster cast with the ankle in neutral for 2 more weeks. NWB with crutches. (Please do **NOT** get the cast wet)

4 weeks

- Final wound check. Cast will be removed and you will be placed in a *Breg* walking boot with 2-4 cm heel lift. Protected partial weight bearing (PWB) with crutches. See below.

4-6 weeks

- *Breg* walking boot with 2-4 cm heel lift
- Compression stocking or sock to be worn under Bootwalker to help control swelling.
- Protected weight-bearing with crutches:
 - Week 2-3 – 25%
 - Week 3-4 – 50%
 - Week 4-5 – 75%
 - Week 5-6 – 100%
- Active plantar and dorsiflexion range of motion exercises to neutral, inversion/eversion below neutral
- Modalities to control swelling (US, IFC with ice, Acupuncture, Light /Laser therapy)
- EMS to calf musculature with seated heel raises when tolerated.

- Patients being seen 2-3 times per week depending on availability and degree of pain and swelling in the foot and ankle.
- Knee/hip exercises with no ankle involvement e.g. leg lifts from sitting, prone or side-lying
- Non-weight bearing fitness/cardio work e.g. biking with one leg, deep water running (usually not started to 3-4 week point)
- Hydrotherapy (within motion and weight-bearing limitations)
- Emphasize need of patient to use pain as guideline. If in pain back off activities and weight bearing.

6-8 weeks

- Continue weight –bearing as tolerated
- Continue 2-4 week protocol
- Progress EMS to calf with lying calf raises on shuttle with no resistance as tolerated around week 5-6. **Please ensure that ankle does not go past neutral while doing exercises.**
- Continue with physiotherapy 2-3 times per week.
- Emphasize patient doing non-weight bearing cardio activities as tolerated.

8-10 weeks

- Continue physiotherapy 2 times a week
- Continue with modalities for swelling as needed.
- Continue with EMS on calf with strengthening exercises. **Do not go past neutral ankle position.**
- Remove heel lift if had 2- 2cm lift take 1 out at a time over 2-3 day period
- ***Weight Bearing as Tolerated***, usually 100% weight bearing in boot walker at this time.
- Active assisted dorsiflexion stretching, slowly initially with a belt in sitting
- Graduated resistance exercises (open and closed kinetic chain as well as functional activities) – start with Theraband tubing exercises
- **With weighted resisted exercises do not go past neutral ankle position.**
- Gait retraining now that 100% weight bearing
- Fitness/cardio to include weight –bearing as tolerated e.g. biking
- Hydrotherapy

10-14 weeks

- Wean off boot (usually over 2-5 day process – varies per patient)
- Wear Achillo train Pro Compression ankle brace (or any similar ankle braces) to provide extra stability and swelling control once Bootwalker removed.
- Return to crutches/cane as necessary and gradually wean off
- Continue to progress range of motion, strength, proprioception exercises
- Add exercises such as stationary bicycle, elliptical, walking on treadmill as patient tolerates.
- Add wobble board activities – progress from seated to supported standing to standing as tolerated.
- Add calf stretches in standing
- Add double heel raises and progress to single heel raises when tolerated.
- **Ankle may go gently go past neutral at this time. NO PAIN****

Continue physiotherapy 1-2 times a week depending on how independent patient is at doing exercises and access they have to exercise equipment. 14-18 weeks

- Continue to progress range of motion, strength, and proprioception exercises
- Retrain strength, power, endurance
Ensure patient understands that tendon is still very vulnerable and patients need to be diligent with activities of ADL and exercises.

18 weeks plus

- Increase dynamic weight bearing exercise, include plyometric training Sport specific retaining

6 MONTHS - RETURN TO NORMAL SPORTING ACTIVITIES.

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

Physician's Signature: _____

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