**Achilles Tendon Repair**

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This protocol was developed for patients who have had an Achilles tendon repair. The goal of this protocol is to advance range of motion and strength as directed while protecting the repair to ensure optimal healing.

Patients will begin physical therapy after their first post operative visit with the physician. The patient will have been placed in a removable CAM walker boot.

Primary goals in the early weeks are to stress compliance with their home exercise program, reinforce restrictions, and prevent stiffness. If ROM begins to progress easily, you may slow progression to protect the repair.

The protocol is divided into phases. Each phase is adaptable based on the individual

patient and special circumstances.

Phase I –Maximum Protection- Weeks 1-8:

* First 10 days to 2 weeks in Splint with NWB
* Short leg brace/orthosis applied at first post-op visit to be worn at all times during ambulation
	+ Heel lift will be gradually decreased in office
* Progress from WBAT to FWB with crutches/Cane in walking boot
	+ May discontinue crutches/cane as stability improves and FWB obtained.
* Limit active dorsiflexion to neutral ankle dorsiflexion for first 6 weeks. Active plantar flexion OK with no resistance at 4 weeks.
* No passive heel cord stretching
* Inversion and eversion ROM
* Bicycle ergo meter with brace on
* Proximal musculature strengthening
* Joint mobilization
* Week 2 to 4: ultrasound 3x/week
* Week 4 to 6: Iontophoresis 3x/week as directed by therapist

Phase II –Increased mobility and function – Weeks 8-12:

* Restore normal gait out of boot
	+ At 8 weeks, plantar flexion and dorsiflexion exercises with light resistance
* Inversion and eversion isometrics
* Bicycle ergo meter.

Phase III –Return to full function – Weeks 12-20:

* Inversion/Eversion isotonics
* Aggressive plantar and dorsiflexion exercises with emphasis on plantar eccentrics
* Modalities PRN