



**BC Foot & Ankle Clinic
St. Paul's Hospital**



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Physical Therapy

Achilles Tendon Repair- Postoperative Protocol

Week	Physical Therapy Guidelines	Goals
0-2	<ul style="list-style-type: none"> • in cast/splint NWB • education on proper crutch/walker use • AROM of hip and knee • rest and elevation of limb to 14 cm/ 6in above heart 22 out of 24 hrs a day 	<ul style="list-style-type: none"> • ADL's with safe crutch use • Control swelling and pain
2-6	<ul style="list-style-type: none"> • 1st post-op visit at F/A Clinic at 2 weeks post-op • WBAT in boot with heel wedges at 2 weeks post-op as long as wound is healed • seen by Physiotherapist in F/A clinic and taught AROM of ankle and toes • Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night • scar massage • At 4 wks post-op, remove 1st wedge • At 5 wks post-op, remove 2nd wedge • At 6 wks post-op, remove last wedge (if 3 wedges) 	<ul style="list-style-type: none"> • increase ROM • increase exercise tolerance • maintain hip and knee ROM • safe use of crutches
6-10	<ul style="list-style-type: none"> • WBAT in walker boot at 6 weeks post-op (should be flat in boot) • AROM at ankle (refer to exercise sheet given by therapist in F/A clinic) • core exercise - recruit transverse abdominus / SLR • hip strength: - glut med./ abduction • elevate to control swelling • joint mobilizations • scar massage • increase ADL's in standing • begin cycling on stationary bike in boot • light theraband for DF/PF/INV/EV at 8 weeks post-op • can sleep without boot 	<ul style="list-style-type: none"> • maintain ankle ROM • maintain hip & knee ROM/strength • improve core strength • safe use of crutches • increase mobility of scar • WB in boot

Week	Physical Therapy Guidelines	Goals
10-14	<ul style="list-style-type: none"> • start weaning boot – practice standing, weight shift, and small periods of walking – gradually increasing time and distance in order to be completely out of the boot by 12 wks • gait training in a shoe • scar massage • heat • joint mobilizations • stationary bicycle • low level balance and proprioceptive exercises • progressive strengthening of hip, knee and ankle 	<ul style="list-style-type: none"> • WBAT out of boot and into shoe • increase core, hip, knee and ankle strength • safe gait with/without walking aid
14-16	<ul style="list-style-type: none"> • begin unilateral stance exercises • bilateral heel raises progressing to unilateral heel raises by 16 weeks • no eccentric drops until 16 weeks post-op • higher level balance/proprioceptive exercises • swimming 	<ul style="list-style-type: none"> • ambulation with no walking aid • minimum of 0 degrees DF • good balance in unilateral stance
16+	<ul style="list-style-type: none"> • progress to sport or work specific activity • progress to dynamic drills: hopping, skipping, jumping • eccentric drops • running 	<ul style="list-style-type: none"> • higher level balance/proprioception in unilateral stance • full strength

Pain and Swelling

This procedure causes a lot of swelling and pain. It is normal for the foot and ankle to be swollen up to 6 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

Driving

The patient may drive if the surgery is on the **LEFT** foot as pain and swelling allows and if the car is an automatic. If the surgery is on the **RIGHT** foot the patient may return to driving if they can safely demonstrate an emergency stop on the brake. **YOU CANNOT DRIVE WHILE YOUR FOOT IS IN A WALKER BOOT.** Please contact your local insurer before driving your car.

Return to Work

Return to work at a fully sedentary job no earlier than 3-4 weeks post-op
 Return to work at a job requiring significant amounts of standing or walking no earlier than 4 months postop.
 Return to work for jobs with physical requirements between the above extremes is individualized (if you are uncertain please contact your surgeon).