## Physical Therapy

### Achilles Tendon Repair- Postoperative Protocol

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| 0-2  | • 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 | • ADL’s with safe crutch use  
  • Control swelling and pain |
| 2-6  | • 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) | • increase ROM  
  • increase exercise tolerance  
  • maintain hip and knee ROM  
  • safe use of crutches |
| 6-10 | • 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 | • 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
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10-14 | • 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 | • WBAT out of boot and into shoe  
• increase core, hip, knee and ankle strength  
• safe gait with/without walking aid

14-16 | • 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 | • ambulation with no walking aid  
• minimum of 0 degrees DF  
• good balance in unilateral stance

16+ | • progress to sport or work specific activity  
• progress to dynamic drills: hopping, skipping, jumping  
• eccentric drops  
• running | • 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).