

Orthopaedic Sports Specialists, P.C.  
Michael E. Joyce, M.D.  
84 Glastonbury Blvd., Suite 101, Glastonbury, Connecticut 06033  
Voice: 860-652-8883, Fax: 860-652-8887

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## ACHILLES TENDON REHABILITATION PROTOCOL

GOAL: This rehabilitation program's goal is to return the patient/athlete to their activity/sport as quickly and safely as possible. The program is based on muscle physiology, biomechanics, anatomy and the healing process following surgery.

Procedure: Achilles tendon reconstruction with turn down fascial graft.

Preoperative Protocol: Partial weight bearing with crutches and immobilization boot, out of boot for gentle range of motion , ice and elevation, edema control.

Surgical Treatment: Immediately post operatively into Jones dressing in 20 to 30 degrees of plantar flexion, touch toe weight bearing with crutches, strict elevation for 4 to 5 days and resumption of normal activities, touch toe weight bearing thereafter.

One week post op: Transfer from post op Jones dressing into hinged walking boot set at 20 degrees of plantar flexion, touch toe weight bearing with crutch assist at this time.

2 to 3 weeks post operatively: Change boot to 0 degrees and advance partial weight bearing with single crutch. Out of boot for mobilization of adhesions along the posterior aspect of the incision, careful monitoring of the wound, gentle active assisted range of motion to plantar flexion and dorsiflexion both in the knee flexed and knee extended position. No resistive exercises or isometrics exercises at this time. Control of edema and monitoring distal neurovascular exam.

At 4 weeks post operatively: Allow weight bearing as tolerated in a protective walking boot . Begin isometrics exercises, can be out of the boot to sleep at night but in the boot during all normal activities during the course of the day. Advance active assisted range of motion exercises both to plantar flexion and dorsiflexion.

At 5 weeks post op: Begin light resisted concentric exercises with light stage Thera-Band.

At 6 weeks post operatively: Advance out of the walking boot into a shoe and may use a single crutch to assist gait during the transition and should be weaned over a period of several days from the walking boot into the shoe. Can begin concentric strengthening exercises at this time. Continue to mobilize and prevent adhesions about the wound itself, monitor distal neurological exam and advance towards normal range of motion.

At 8 to 10 weeks post operatively: At this time weight bearing as tolerated in a regular shoe and should have a normal gait by this point in time. Swelling adhesions should be well under control and the wound should be in excellent condition. They can begin gentle and then advance as tolerated eccentric exercises at that time.

At 10 weeks post operatively: Begin a walk/run program. This can be instituted only if they have achieved a normal gait without any significant limp. Running should be done on a track and predictable environment but not on grass, lawn or in the community.

At 3 to 4 months post operatively: Gradually re-introduce into drills related to sports specific rehabilitation at that time. Gradually advancing for more controlled to less controlled setting and introduction to scrimmaging activities.

5 months post operatively: Full release to sports participation without restrictions.