

ACHILLES REPAIR PROTOCOL

POST OPERATIVE / NON-OPERATIVE

	Time Frame (Weeks)	Activity
PHASE I	0-2	WB Status: NWB Device: Splint or cast per MD orders ROM: No ROM
	2-4	WB Status: PWB / TTWB Device: Walking boot with heel lifts ROM: A/AROM all planes; DF to 0° with knee flexed to 90, PF to tolerance Manual Therapy: Gentle soft tissue mobilization (STM) to reduce edema Exercises: OKC proximal mm PREs Core and UE PRE that does not stress repair
PHASE II	4-6	WB Status: PWB to FWBAT; weaning off crutches Device: Walking boot with heel lifts ROM: Neutral DF, A/PROM to tolerance Manual Therapy: Gentle STM to reduce edema Midfoot, forefoot, and first ray mobilization Strength: Isometrics INV, EV and DF. Foot intrinsic activation (towel/marbles) Exercises: OKC proximal hip mm PREs Stationary bike with boot
	6-8	WB Status: FWBAT Device: Peel one heel lift every 3-4 days, wean from boot at 8 weeks ROM: A/AROM to tolerance *No passive stretching or CKC DF past neutral until 8 wks p/o Manual Therapy: Early scar mobilization Continue joint mobilization, include TCJ as appropriate Strength: Theraband all planes (light resistance PF), seated heel raises Exercises: Initiate CKC strength - bilateral and unilateral squat progressions Proprioception/gait training - normalize gait mechanics Stationary bike in shoe Initiate walking program; Focus on normal gait mechanics, and push off
PHASE III	8-12	WB Status: Normalize gait FWB in shoe, single heel lift as needed ROM: As tolerated all planes, emphasize functional CKC DF motion Manual Therapy: Continue STM, and scar mobilization as needed Strength: Pain free ankle isotonics, PREs, HR progressing bilateral to unilateral Exercises: Progress CKC strength and proprioceptive training with increasing load as tolerated. Non impact cardio: Bike w/ increased resistance, elliptical, row ergometer, swimming/pool work
	12-18	Strength: Progressive OKC and CKC PREs, emphasize PF eccentrics and end range PF strength. Exercises: PRE for LE CKC strength and proprioception Low impact/amplitude agility/plyometrics once 15-20 SL HR Alter G/pool running progression (50-75% BW) Walk/jog program at 16 wks as functionally appropriate
		Testing criteria to begin running, and for advancing into PHASE IV <ul style="list-style-type: none"> • Dynamometer testing: ≥90% of uninvolved side • Knee to wall: ≥90% of uninvolved side • Y-Balance: within 4cm or ≥94% of uninvolved side • Heel Raise Height: ≥90% of uninvolved side • Heel Raise to Fatigue: ≥90% 1RM height on each repetition; ≥90% to uninvolved side
PHASE IV	18-24+	Strength: Advanced strength and proprioception Exercises: Linear running, jumping, and plyometric progressions Submaximal sport specific progressions- cutting, pivoting, change of direction, acceleration/deceleration RTS: RTS testing Functional Movement Screening (i.e. Physimax) High impact and advanced sport progressions 6 mo + when functionally appropriate and cleared by MD/PT Anticipate full return to sport 8-12 months