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Physical Therapy Protocol: Achilles Tendon Repair

Philosophy:

The Achilles tendon plays a critical role in walking, stair climbing, and return to previous sports. The tendon unit is susceptible to injury because it is a long tendon that crosses two joints in the human body. Spontaneous ruptures usually occur during athletic activities in middle-aged patients, and are diagnosed via physical exam with your OSMS surgeon and advanced imaging. The failure to repair this injury can lead to weakness in push-off strength and the possibility of repeat rupture. The repair can be difficult to accomplish surgically, and a commitment to non-weight bearing is necessary to achieve a desirable outcome. A strong, pain-free ankle with functional range-of-motion comes about through an anatomic reconstruction of the torn tendon with careful physical therapy performed with the therapist and at home. It can take up to a year to make full recovery and it is not unusual to have intermittent pains and aches during that time.

Phase I, surgery to 2 weeks

OSMS appointments:

- Medical appointments at 2 weeks
- Films are sometimes taken to assess implanted hardware (technique variable)
- Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:

- Protection of the repaired tendon
- Recovery from surgery
- Reduce pain and swelling
- Gradually return to activities of daily living

Precautions:

- Non-weight bearing in short leg cast or plantarflexed boot (OK to put foot down when standing)
- Rest and elevation between ADLs

Range-of-Motion Exercises:

- Hip and knee AROM

Suggested Therapeutic Exercises:

- Gait training with bilateral axillary crutches or Roll-About

Progression Criteria:

- Patient may progress to phase II after 2 weeks if they have healed incision



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Phase II, (after Phase I criteria met, usually at 2-6 weeks)

OSMS appointments:

- Medical appointments at 6 weeks
- Physical therapy appointments continue at once or twice weekly

Rehabilitation Goals:

- Maintain hip and knee ROM
- Improve core, hip and knee strength

Precautions:

- Partial WB in walker boot in PF position (remove 1 wedge every 3 weeks)
- Control swelling with elevation

Range-of-Motion Exercises:

- Toe flexion/extension

Suggested Therapeutic Exercises:

- Light massage of foot to decrease edema (start from toes and work towards ankle)
- Core strengthening (abdominal recruitment, bridging on ball, ball reach, arm pulleys, resisted diagonal TheraBand's)
- Hip & knee strength (clamshells, hip abduction, prone hip extension, SLR, TheraBand press)
- At 3 weeks, ok to progress to leg press machine
- Glute stretching (medius, minimus, piriformis, hamstring, rectus femoris)

Cardiovascular Exercises:

- Upper body circuit training or upper body ergometer

Progression Criteria:

- Patient may progress to phase III after 6 weeks

Phase III, (after Phase II criteria met, usually after 6+ weeks)

OSMS appointments:

- Medical appointment at 12 weeks
- Physical therapy appointments fade to every 10-14 days until cleared

Rehabilitation Goals:

- Good eccentric and concentric neuromuscular control
- Multiplane limb control

Precautions:

- Heat before exercise, ice after
- WBAT without the brace is allowed



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Suggested Therapeutic Exercises:

- Progress with closed chain exercise
- Lunges from 0-90
- Leg presses 0-90
- Proprioceptive exercises
- Begin stationary bike
- Hip and core strengthening

Progression Criteria:

- After 12 weeks, ok to begin single leg strengthening
- After 12 weeks, ok to begin jogging and progress to running
- Sport specific exercises
- Return to sport is MD directed, generally >16 weeks

References:

- Baer GS, Keene JS. Tendon Injuries of the Foot and Ankle: Achilles Tendon Ruptures. *Orthopedic Sports Medicine: Principles and Practice*. (Third Edition).
- Van der Linden et. Al. Increased Risk Achilles Tendon Rupture with Quinolone Antibacterial Use. *Arch Intern Med* 2003; 163: 1801-1807.