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**ACHILLES TENDON REPAIR  
PROTOCOL (EARLY MOTION)**

**DISCHARGE CRITERIA:**

- Ambulation without assistive device and normal pattern for community distance
- AROM---DF>10°
- MMT---5/5 globally at ankle
- Independent single leg calf raise x 10 without pain
- Balance---single leg stance x 15 seconds without touches/body sway

**I. PHASE 1 (1-7 days postop)**

**A. Impairments**

- Pain
- Soft tissue and joint edema
- Altered gait, nonweightbearing

**B. Treatments**

- Monitoring incision for drainage, erythema, excessive pain and swelling
- Wound care instruction
- Patient education to control edema (elevation, compression, and ice); instruction and monitoring of nonweightbearing crutch gait
- AROM (out of splint) ó DF, PF, within pain limits 2-3 x /day

**C. Goals**

- Control pain and inflammation
- Independent ambulation with appropriate assistive device on level and unlevel surfaces
- Demonstrate continued independence/compliance with HEP
- Active DF to -10°
- 50% active PF compared to opposite side
- Minimize joint stiffness

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## II. PHASE 2 (2-3 weeks postop)

### A. Impairments

- Restricted ROM
- Decreasing postoperative pain
- Touchdown and progressive weightbearing status in hinged orthosis

### B. Treatments

- Joint mobilization, progress techniques for distraction ó AP and med-lat glides
- Progress from partial weightbearing to full weightbearing in hinged orthosis
- Increase hinged orthosis ROM as tolerated to 0° DF
- Isometrics out of hinged orthosis ó ankle in neutral ó inversion and eversion
- Start PF isometric as tolerated
- Gentle DF stretching with towel, knee flexed and extended
- Thera-Band inversion, eversion, PF, DF, (progress as tolerated)
- Cardiovascular exercise in hinged orthosis (i.e., bike)

### C. Goals

- Increase weightbearing tolerance
- Initiate strength program
- Active DF to 0-5° with knee extended by end of phase 2
- Minimize cardio deconditioning

## III. PHASE 3 (4-8 weeks postop)

### A. Impairments

- Altered gait out of splint
- Unable to single heel raise
- Limited ROM
- Limited strength
- Decreased balance

**B. Treatments**

- Continuation and progression of Phase 2 activities
- Initiate double leg/toes raises
- Wean out of hinged orthosis
- Progress to ambulating in cowboy boots or with heel lifts in shoes with or without assistive device
- Initiate proprioception and balance exercises
- Weightbearing DF stretch with knee extended and flexed
- Pool activities okay when wound healing is complete
- Stairmaster/pool running may be initiated around week 6

**C. Goals**

- Increase strength and endurance
- Increase proprioception
- Full ROM
- Eliminate gait deviations

**IV. PHASE 4 (9-16 weeks)****A. Impairments**

- Unable to single leg heel raise
- Unable to run and jump
- Decreased endurance

**B. Treatments**

- Work specific training if applicable
- Initiate single leg heel raise
- Progress to jogging when able to perform single leg calf raise and ambulate with normal pattern consistently
- No sprinting, cutting, jumping