



Chronic Achilles Tendon Repair

Achilles Tendon Repair Wedges

Procure set of 4 wedges are utilized. Top wedge is a heel cup shape and covered by black neoprene lining.

The remaining 3 wedges are each $\frac{3}{4}$ inch in thickness.

Phase I (1 – 5 days post op)

- Patient casted until 3 weeks p/o.
-

Phase II (5 days – 4 weeks post-op)

3 weeks

- Cast removed 3 weeks p/o and therapy initiated.
- Weight Bearing:
 - Begin PWB with 2 wedges (see above) in walking boot with crutches.
 - o Remove 1 wedge (using heel cup only) at 5 weeks p/o.
 - o Progress to FWB in boot by 6 weeks with 1 wedge (heel cup).
 - o No barefoot walking until 10 weeks p/o.
- ROM
 - o Begin AROM: toes, ankle inversion and eversion only, knee and hip regions
 - o No active or passive DF or PF.
- Mobilization
 - o Begin joint mobilization all planes for the foot and ankle region avoiding passive stretch into dorsiflexion.
- Modalities
 - o Modalities as needed for pain and inflammation.
- Strengthening:
 - o Cycling with non-operative lower extremity
 - o Hip and knee strengthening NWB
 - o Light Theraband ankle inversion and eversion only
 - o Weight shifting only for weight bearing strengthening.
- Night Splint
 - o 3 weeks p/o night splint set to 10 degrees of PF. Progress to a 90 degree angle or neutral by 6 weeks p/o. Discontinue splint at 9 weeks p/o.

Phase III (4 – 10 weeks post-op)

4 weeks

- Weight Bearing
 - o Continue with 2 wedges and progress towards the goal of FWB with 1 wedge in the boot by 6 weeks p/o.
- ROM
 - o May begin gentle AROM both DF and PF. No PROM DF.
- Joint Mobilization
 - o Continue towards normal mobility. Continue to avoid passive stretching beyond neutral DF.



5 Weeks

- Weight Bearing
 - o Remove 1 wedge from the boot at week 5.
 - o Work toward goal of FWB in boot by 6 weeks p/o with 1 wedge.
 - o Begin WB out of boot with 2 wedges including weight shifting PWB to FWB.
- ROM
 - o Begin gentle passive DF stretching to neutral only.
- Strengthening
 - o Stationary bike and/or recumbent stepper with boot.
 - o Continue to progress WB activities in boot with 1 wedge including weight shifting, balance activities, wall slides and step ups in boot.
 - o Weight shifting and balance out of boot with 2 wedges under foot.

6 weeks

- Weight Bearing
 - o Gradually progress from boot to regular footwear with ½ inch felt heel wedge.
 - o Discontinue boot by 8 weeks.
- ROM
 - o Begin gentle passive DF stretching past neutral.
 - o PF/Inv/Eve AROM WNL.
- Joint Mobilization
 - o Normalize joint mobility and progress as needed beyond neutral DF.
- Strengthening
 - o Progress WB strengthening activities in boot and begin low level strengthening in normal footwear with ½ inch felt heel wedge. Begin with weight shifting and pre-gait exercises.
 - o Begin PRE with gentle resisted PF with theraband and exercise bike without boot.
- Night Splint
 - o Night splint should be progressed to neutral or 90 degree angle by 6 weeks. Continue at neutral position until 9 weeks p/o. D/C night splint at 9 weeks p/o.

7-10 Weeks

- Weight Bearing
 - o Continue to progress towards FWB in regular footwear with ½ inch felt heel wedge.
 - o DC boot by 8 weeks.
- ROM
 - o All ankle A/PROM WNL by 8-10 weeks p/o.
- Strengthening
 - o Begin PWB bilateral calf raises at 7 weeks p/o progressing to FWB bilateral calf raises at 10 weeks p/o
 - o Progress strengthening in regular footwear with wedge: SLS balance activities, closed chain strengthening including step ups, BAPS, wall squats, body weight squats. Continue open chain hip and knee strengthening as needed.
- Night Splint
 - o DC at 9 weeks p/o



Geoffrey Van Thiel, MD
www.vanthielmd.com

Phase IV (10 + weeks post-op)

- Weight bearing
 - o May begin barefoot walking
 - o Continue to wear heel lift in shoe if prescribed by MD
- Strengthening:
 - o More aggressive calf strengthening with single calf raises by 12 weeks p/o.
 - o Advance strength program with goal of return to ADLs and RTW.
 - o At 12 – 16 weeks: May begin treadmill, stepper, plyometrics, and sports drills
- Precautions: Contact physician regarding initiation of sports related drills and plyometric activities
Initiate work conditioning for job related injuries. Gradually initiate sport specific drills and exercises including slow cutting and jumping after authorization from physician. Follow up with school athletic trainer to continue sport specific training and skills.

Adapted from:

1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003