

Achilles Tendon Repair Guideline

Individual patient circumstances may affect the guideline
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-4	<ul style="list-style-type: none"> Protect surgical site Reduce muscle atrophy Reduce swelling Decrease pain and inflammation 	<ul style="list-style-type: none"> Maintain split/cast per surgeon NWB or as directed by surgeon 	<ul style="list-style-type: none"> Foot intrinsic strengthening, towel crunches SLR 4-way Ankle alphabet Gait training Blood flow restriction if available Cardio: UBE
Weeks 4-6	<ul style="list-style-type: none"> Protect surgical site P/AROM Ankle DF to 0° Normalize gait with WBAT in boot Initiate ankle strengthening 	<ul style="list-style-type: none"> Progress to partial WB Adhere to surgeon boot, heel lift, and motion restrictions Avoid aggressive stretch into DF Avoid loading DF past neutral 	<ul style="list-style-type: none"> ROM: To 0° DF only Joint mobilizations of accessory motions Ankle isometrics in all planes Seated heel raises Open chain hip and core strengthening Initiate proprioceptive exercises May initiate light weight and/or BFR at 4 weeks: <ul style="list-style-type: none"> Seated heel raise PF (theraband) Double leg press Weight shifts
Weeks 6-12	<ul style="list-style-type: none"> Normalize gait mechanics Active ROM up to 5° DF and 40° PF Squat up to 30° of knee flexion without weight shift 	<ul style="list-style-type: none"> Progress to WBAT Adhere to surgeon boot, heel lift, and motion restrictions Remove final heel lift week 10 Boot with sleeping until week 10 Avoid aggressive stretch or loading into DF May ween from boot after 10 weeks if: <ul style="list-style-type: none"> 0° of DF Pain-free gait with no heel lifts 	<ul style="list-style-type: none"> Active ankle ROM Gentle gastroc stretching Initiate closed-chain hip and knee strengthening per patient tolerance Heel raise progression: <ul style="list-style-type: none"> Shuttle -> standing Double leg -> 2 up 1 down -> Single leg Initiate proprioceptive exercise Cardio: UBE, pool exercises
Weeks 12-20	<ul style="list-style-type: none"> Normal gait mechanics Active ROM up to 15° DF and 50° PF Squat and lunge up to 70° of knee flexion Perform 10 DL heel raises w/o loss of heel height Pass Return to Running criteria (see appendix) 	<ul style="list-style-type: none"> Avoid forceful impact or plyometric activities Avoid movements creating movement compensations 	<ul style="list-style-type: none"> Active ankle ROM Gastroc/soleus stretching into DF Ankle eccentric strengthening End-range ankle strengthening (heel raises on decline, toe walking) Initiate functional strengthening movements (squats, lunges, step back) Cardio: UBE, pool exercises, stairmaster, swimming, stationary bike
Months 5+	<ul style="list-style-type: none"> Initiate sport activities with excellent control Pass Return to Sport criteria (see appendix) 	<ul style="list-style-type: none"> Adhere to soreness rules Avoid swelling after activity Avoid running with limp Return to sport 9-12 months post-op with surgeon approval 	<ul style="list-style-type: none"> Continue to progress LE strengthening with strength, power, velocity focus Plyometric progression <ul style="list-style-type: none"> Shuttle press: DL -> alternating -> SL BW: DL straight line -> diagonal -> rotational -> tuck jumps -> SL Movement progression (see appendix) Return to running progression ARC Program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.

Achilles Tendon Repair Functional Assessment

Phase	Criteria	Testing
Weeks 16-20 Must meet criteria prior to running or jumping	<ul style="list-style-type: none"> • ROM up to 95% symmetry compared to contralateral limb • Normalized, pain-free gait mechanics • Single leg Heel raises > 10 repetitions with equal heel height • Hip abduction strength within 80% LSI 	<ul style="list-style-type: none"> • Ankle assessment including assessment for effusion • Passive and active ROM • Isometric PF at 0° with handheld dynamometer (HHD) • Isometric hip abduction at neutral with HHD • Single leg isometric squat at 60° on 3PQ • FOTO, FAAM
Month 6+ Must meet criteria prior return to sport	<ul style="list-style-type: none"> • Full, symmetric ROM • 100% limb symmetry (LSI) for isometric testing • 100% LSI for functional testing • 25 SL heel raises 	<ul style="list-style-type: none"> • Ankle assessment including assessment for effusion • Passive and active ROM • Isometric PF at 0° and 20° with HHD • Hop Test <ul style="list-style-type: none"> ○ Triple Hop ○ Crossover hop ○ Figure 8 hop • Single leg jump on 3PQ • IKDC, FAAM