

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