

Surgical Rehabilitation Protocol Achilles Repair

The following information is to help make your recovery from surgery as smooth and rapid as possible. If you have any questions or concerns, contact the Dr. Mayo's team at the number above. You will have appointments with Dr. Mayo at ~2 weeks postop.

Phase 1: Recovery from Surgery – 0-2 Weeks After Surgery

Goals	<ul style="list-style-type: none"> • Educate patient on rehab progression • Protect repair • Reduce swelling and pain • Maintain quadriceps function • Restore independent ambulation within precautions
Precautions	<ul style="list-style-type: none"> • Splint/Brace: Postoperative splint on at all times • Weight Bearing: Non weight bearing with crutches or scooter • Range of Motion: None • Wound Care: Keep splint on at all times • Call Dr. Mayo if: Significant wound drainage or dehiscence, purulence, erythema.
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Quad sets, four-way SLR • Proprioception: None • Conditioning: UBE • Modalities: BFR, NMES • Manual Therapy: None
Home Instructions	<ul style="list-style-type: none"> • Wound Care: Keep splint on at all times it will be taken off in clinic. Sutures will be removed at ~2 weeks in clinic. • Bathing: Showering permitted once bulky dressing removed. No submerging in water (bath/pool/lake/etc.) for 4 weeks. • Driving: Must be off all narcotic pain meds when operating vehicle <ul style="list-style-type: none"> ○ 1 week for automatic cars, left leg surgery ○ Right leg: No driving until cleared after 6 weeks • Sleeping: Sleep with leg elevated on as many pillows as tolerable for first 2 weeks after surgery. Splint remains on at all times. • Ice and Elevation: Ice for 20 minutes every hour for the first week without getting bandages wet, elevate leg with knee in full extension as much as possible. Ice as needed after 1 week. • Home Exercise: Straight leg raises, knee ROM
Criteria to Progress	<ul style="list-style-type: none"> <input type="checkbox"/> 2 weeks from surgery <input type="checkbox"/> No wound healing issues



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Phase 2: Maximum Protection Phase – 2-4 Weeks After Surgery

Goals	<ul style="list-style-type: none"> • Protect repair and healing, prevent complications • Eliminate inflammation and swelling • Begin graduated weight bearing • Active dorsiflexion to neutral
Precautions	<ul style="list-style-type: none"> • Boot: Tall CAM boot with four ½” heel wedges. Remove 1 wedge every week as able. No wedges by 6 week followup. • Weight Bearing: Begin partial weight bearing in boot with two crutches, then progress to 1 crutch and then to no crutches in boot • Range of Motion: Dorsiflexion to neutral, not past. No active plantar flexion • Call Dr. Mayo if: Wound healing issues, drainage
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Open chain knee, hip, and core strengthening in boot. No active plantarflexion. Pain free isometrics for dorsiflexion, inversion, eversion, light plantarflexion. • Range of motion: Passive plantarflexion, Active and passive dorsiflexion to neutral. Inversion and eversion in plantarflexion. Toe extension. Light seated soleus stretching. • Proprioception: None • Conditioning: UBE, stationary bike allowed using nonoperative leg to drive • Modalities: BFR, NMES • Manual Therapy: Edema control, gentle scar massage and mobilization, icing, other pain modalities
Home Instructions	<ul style="list-style-type: none"> • Driving: Must be off all narcotic pain meds when operating vehicle <ul style="list-style-type: none"> ○ 1 week for automatic cars, left leg surgery ○ Right leg: No driving until cleared after 6 weeks • Sleeping: In CAM boot at all times. • Ice and Elevation: Ice as needed for pain and swelling after activity • Home Exercises: As instructed by physical therapy
Criteria to Progress	<input type="checkbox"/> Dorsiflexion to neutral, plantarflexion to 30



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Phase 3: Protected Motion Phase – 4-6 Weeks After Surgery

Goals	<ul style="list-style-type: none"> • Protect repair • Regain ankle ROM • Sleep out of boot if comfortable • Walk in boot with no lift by 6 weeks
Precautions	<ul style="list-style-type: none"> • Boot: CAM boot at all times with 1 inch heel lift, remove ½" each week as tolerated. Can come out of boot when not weight bearing. • Weight Bearing: Full weight bearing in boot at all times • Range of Motion: Dorsiflexion to neutral, not past. No active plantar flexion • Call Dr. Mayo if: Wound issues, increasing pain or weakness
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Open chain knee, hip, and core strengthening in boot. Active inversion, eversion. Plantar flexion isometrics • Range of Motion: Standing calf stretches once reaches neutral with knees flexed and extended • Proprioception: Initiate balance exercises wide and narrow stance • Conditioning: Stationary bike minimal resistance, heel peddling, pool exercise with flotation device • Modalities: BFR, NMES • Manual Therapy: Gentle scar massage, icing, other pain modalities as needed.
Home Instructions	<ul style="list-style-type: none"> • Driving: Must be off all narcotic pain meds when operating vehicle <ul style="list-style-type: none"> ○ 1 week for automatic cars, left leg surgery ○ Right leg: No driving until cleared after 6 weeks • Sleeping: In CAM boot at all times. • Ice and Elevation: Ice as needed for pain and swelling after activity • Home Exercises: As instructed by physical therapy
Criteria to Progress	<ul style="list-style-type: none"> <input type="checkbox"/> Dorsiflexion past neutral <input type="checkbox"/> Plantarflexion past 30 degrees



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Phase 4: Muscle activation phase – 6-12 Weeks after Surgery to Return

Goals	<ul style="list-style-type: none"> • Education: time period of most re-ruptures • Normalize gait on level surface without boot • Improve range of motion to 15 degrees dorsiflexion and 45 degrees plantarflexion • No high impact activity • Return to ADLs • Progress proprioception • Progress cardiovascular endurance
Precautions	<ul style="list-style-type: none"> • Brace: Transition to normal shoes with lace up ankle brace • Weight Bearing: Full, no high impact activities. NO ECCENTRIC LOWERING. • Range of Motion: Full in all planes, no forceful dorsiflexion • No return to full participation in recreational activities or work until cleared by Dr. Mayo
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Functional strengthening: double leg heel raise, squats, lunges, step ups. • Range of Motion: Full passive and active motion in all planes, Avoid forceful dorsiflexion. • Proprioception: Increased balance training and wobble board, single leg balance. Progress to low velocity agility drills • Conditioning: Stationary bike, Stairmaster, swimming, walking • Modalities: Ice, heat, ultrasound as indicated • Manual Therapy: Soft tissue massage as indicated •
Home Instructions	<ul style="list-style-type: none"> • Home Exercises: Per physical therapist
Criteria for Full Return to Activity	<ul style="list-style-type: none"> <input type="checkbox"/> Normalized gait <input type="checkbox"/> Full range of motion <input type="checkbox"/> No pain with functional movements



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Phase 5: Muscle activation phase – 3-6 Months after Surgery

Goals	<ul style="list-style-type: none"> • Normalize strength • Normal gait • Begin running at 5 months
Precautions	<ul style="list-style-type: none"> • Brace: Normal shoes • Weight Bearing: Full, progress to running • Range of Motion: Full • No return to full participation in recreational activities or work until cleared by Dr. Mayo
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Functional strengthening: double leg heel raise, squats, lunges, step ups. • Range of Motion: Full passive and active motion in all planes, Avoid forceful dorsiflexion. • Proprioception: Increased balance training and wobble board, single leg balance. Progress to low velocity agility drills • Conditioning: Stationary bike, Stairmaster, swimming, walking. Running at 5 months
Home Instructions	<ul style="list-style-type: none"> • Home Exercises: Per physical therapist
Criteria for Full Return to Activity	<ul style="list-style-type: none"> <input type="checkbox"/> Normalized running gait with no pain <input type="checkbox"/> Full range of motion



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Phase 6: Return to Sport Phase – 6+ Months to Return

Goals	<ul style="list-style-type: none"> • Return to sport/job
Precautions	<ul style="list-style-type: none"> • Brace: Normal shoes • Weight Bearing: Full • Range of Motion: Full • No return to full participation in recreational activities or work until cleared by Dr. Mayo
Therapeutic Exercises	<ul style="list-style-type: none"> • Strengthening: Continue strengthening for sport • Range of Motion: No restrictions • Proprioception: Progress to running then sprinting, cutting and jumping drills, sport specific drills • Conditioning: Stationary bike, Stairmaster, swimming, walking. Begin light jogging at 5 months
Home Instructions	<ul style="list-style-type: none"> • Home Exercises: Per physical therapist
Criteria for Full Return to Activity	<ul style="list-style-type: none"> <input type="checkbox"/> Normalized running gait <input type="checkbox"/> Full range of motion <input type="checkbox"/> No pain with functional movements <input type="checkbox"/> Full return to sport at 8-9 months

