Achilles Tendon Rupture/Repair Protocol

(Surgical and Non-Surgical Protocol for **Dr. Chase**) Updated: March, 2016

A. 0-2 weeks
   1. Non- WB
   2. Posterior slab/splint worn at all times
   3. Frequent elevation and cryotherapy

B. 2-4 weeks
   1. "Protected WB" status: CAM boot and crutches with gradually progressed WBAT
   2. CAM Boot with 2cm heel lift worn with activity and sleeping
   3. Frequent cryotherapy and modalities as indicated
   4. Exercise
      a. Active Plantarflexion as tolerated
      b. Active Dorsiflexion to 0°
      c. Active Inversion/Eversion as tolerated in plane below neutral
      d. General LE OKC, Core/Hip work while ankle protected in CAM
   5. Initiate scar mobilization as indicated

C. 4-6 weeks
   1. WBAT
   2. CAM Boot with 2cm heel lift worn with activity and sleeping
   3. Continue cryotherapy and modalities as indicated
   4. Exercise
      a. Continue per prior time phase
      b. Add gait, balance/proprioceptive work to coincide with WB status
      c. No resistance stationary bike (CAM on, heel on pedal)

D. 6-8 weeks
   1. WBAT
   2. CAM Boot, no heel lift, worn with activity and sleeping
   3. Continue cryotherapy and modalities as indicated
   4. Exercise
      a. Initiate gentle progressive dorsiflexion/heel-cord stretching/ROM
      b. Progressive OKC, CKC, Bal/proprioceptive work
      c. Progressive cardio work (bike, elliptical)

E. 8-12 weeks
   1. Wean from CAM Boot
   2. Progressive strengthening, balance/proprioceptive work
   3. 10 weeks, as indicated, interval jog-run program
   3. 10 weeks, as indicated, progressive agilities

F. > 12 weeks
   1. As indicated, progressive plyometrics, jump to hop activities
   2. As indicated, streamlining for sport