ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

Achilles Tendon Rupture Non-op Rehab Protocol

Time Frame	Activity
0-2 weeks	Posterior slab/splint; non-weight-bearing with crutches: immed. postop. in surgical group, after injury in nonop. group
2-4 weeks	Aircast walking boot with 2-cm heel lift*†
	Protected weight-bearing with crutches
	Active plantar flexion and dorsiflexion to neutral, inversion/eversion below neutral
	Modalities to control swelling
	Incision mobilization modalities‡
	Knee/hip exercises with no ankle involvement; e.g., leg lifts from sitting, prone, or side-lying position
	Non-weight-bearing fitness/cardiovascular exercises; e.g., bicycling with one leg, deep-water running
	Hydrotherapy (within motion and weight-bearing limitations)
4-6 weeks	Weight-bearing as tolerated*†
	Continue 2-4 week protocol
6-8 weeks	Remove heel lift
	Weight-bearing as tolerated*†
	Dorsiflexion stretching, slowly
	Graduated resistance exercises (open and closed kinetic chain as well as functional activities)
	Proprioceptive and gait retraining
	Modalities including ice, heat, and ultrasound, as indicated
	Incision mobilization‡
	Fitness/cardiovascular exercises to include weight-bearing as tolerated; e.g., bicycling, elliptical machine, walking and/or running on treadmill, StairMaster
	Hydrotherapy
8-12 weeks	Wean off boot
	Return to crutches and/or cane as necessary and gradually wean off
	Continue to progress range of motion, strength, proprioception
>12 weeks	Continue to progress range of motion, strength, proprioception
	Retrain strength, power, endurance
	Increase dynamic weight-bearing exercise, include plyometric training
	Sport-specific retraining

*Patients were required to wear the boot while sleeping. †Patients could remove the boot for bathing and dressing but were required to adhere to the weight-bearing restrictions according to the rehabilitation protocol. ‡If, in the opinion of the physical therapist, scar mobilization was indicated (i.e., the scar was tight or not moving well), the physical therapist would attempt to mobilize using friction, ultrasound, or stretching (if appropriate). In many cases, heat was applied before beginning mobilization techniques.

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