
ORTHOPEDIC ASSOCIATES

Robert E. Atkinson, M.D. // Gary T. Blum, M.D. // Kyle F. Chun, M.D. // Jeffery Kimo Harpstrite, M.D. // Darryl M. Kan, M.D.
Christian K. Kikuchi, M.D. // Jay M. Marumoto, M.D. // Andrew B. Richardson, M.D. // Daniel I. Singer, M.D. // Sydney G. Smith, M.D.

Achilles Rupture Repair Post-Op Rehabilitation Christian K. Kikuchi, MD

Phase 1 (weeks 0-2)

Goals: wound healing and swelling control

- Non weight bearing in post operative splint
- Utilize crutches
- Elevate leg to minimize post operative swelling

Phase 2 (weeks 2-4)

Goals: Pain control, initiate weight bearing and joint mobilization at home

- Sutures removed
- Begin weight bearing in tall walker boot
 - Begin with toe-touch weight bearing only
- Home ankle motion exercises only

Phase 3 (weeks 4-8)

Goals: Initiate outpatient physical therapy, dorsiflexion of ankle to neutral

- Advance weight bearing, begin at 25% of your body weight in week 4
 - Increase weight bearing by 25% each week thereafter until full weight bearing
- Remove one wedge from boot each week until all wedges are removed
- Begin open chain exercises
 - Active Range of Motion Ankle Exercises
 - NWB towel exercises
 - Stationary bike with boot and no resistance
- May begin soaking leg in water if wound is fully healed
- Modalities
 - Ice compress (if wound is fully healed)
 - Scar mobilization ok to start at week 6

Phase 4 (weeks 8-14) *ok for driving if right side*

Goals: Wean into regular shoe, Ankle Dorsiflexion to 10 degrees, Plantarflexion to 45 degrees, full inversion / eversion, Initiate strengthening, squatting to 70 degrees of knee flexion

- Transition out of boot into regular shoe with 3-layer heel lifts
 - Remove 1 lift layer per week until neutral
- Begin closed chain exercises
 - Static balance exercises (Begin with 2 feet based exercises, progress to 1 foot)
 - Theraband exercises

ORTHOPEDIC ASSOCIATES

Robert E. Atkinson, M.D. // Gary T. Blum, M.D. // Kyle F. Chun, M.D. // Jeffery Kimo Harpstrite, M.D. // Darryl M. Kan, M.D.
Christian K. Kikuchi, M.D. // Jay M. Marumoto, M.D. // Andrew B. Richardson, M.D. // Daniel I. Singer, M.D. // Sydney G. Smith, M.D.

- Eccentric stretching / strengthening
- Hip and Knee strengthening
- Seated BAPS board if available
- Begin function movements (squats, lunge, step backs)
- Initiate single leg heel raises & leg press calf raises at week 12
- Begin elliptical / stationary bicycle / treadmill walking
 - Start with no resistance in shoe, increase slowly
- Modalities
 - Active and Passive Range of Motion Exercises, No forceful dorsiflexion stretches
 - Ice compress
 - Scar mobilization
 - Ultrasound & Electrical-Stimulation As Needed

Phase 5 (weeks 14-20 / 3.5 months-5 months post op)

Goals: Full Ankle ROM, transition into light impact activities

- Ok for light impact activities
- Ok for golfing (need to use cart) / outdoor cycling
- Begin plyometrics, hopping, jumping at week 16
- Begin walk-to-jog progression
- Begin single plane activities, may introduce multi-plane activities at 16 weeks
 - Begin with low-velocity
- Continue hip and core strengthening
- Continue eccentric strengthening
- Modalities
 - Continue as needed

Phase 6 (5 months – 6 months)

Goals: Introduce higher impact activities

- Ok for jogging
- Slowly increase single and multi-plane activity speed

Phase 7 (6 months+)

Goals: Return to sport

- Ok for running / sprinting / cutting activities
- Slowly reintroduce sport / job specific activities