

Achilles Tendon Rupture Rehabilitation Protocol

Time	Activity
0-2 weeks	Posterior Splint; non-weightbearing with crutches/knee scooter/wheelchair
	Ice/Elevation to hip level or "toes to nose" as indicated
	Non-weightbearing fitness/cardiovascular exercises
	Straight leg raises, Quad Sets
	Core Strengthening (use foam roller to offload foot/ankle if prone)
	Upper body exercises
	Single leg cycling
	Rowing without sliding the seat
2-6 weeks	Walking boot with 2cm heel lift
	Weight Bearing as tolerated with crutches or cane if needed
	Active gentle plantar flexion and dorsiflexion to neutral
	Inversion and eversion below neutral
	Modalities to control swelling
	Incision mobilization modalities (if surgery performed)
	Initiate Hydrotherapy when incision completely healed
	Stay within motion and weight bearing limitations
6-12 weeks	Remove heel lift slowly over 1-2 weeks
	Weight Bearing as tolerated
	Wean Boot slowly at 8-10 weeks
	Continue to progress range of motion, strength and proprioception
	Modalities including ice, heat and ultrasound as indicated
	Weight Bearing as tolerated
	NO Dorsiflexion Past Neutral until 12 weeks Post-Op (or Post-Injury)
	Graduated Resistance Exercises
	Open and Closed Kinetic Chain
	Functional Activities
	Proprioceptive and Gait Retraining when tolerated
	Incision mobilization (if surgery performed)
	Progress Cardiovascular activities to include weight bearing: (bicycling, elliptical machine, treadmill walking, Stairmaster)
Progress Hydrotherapy program	
>12 weeks	Retrain strength, power and endurance
	Increase dynamic weight bearing exercise including plyometric training
	Return to running program
	Sport specific retraining

Matthew M. Buchanan, MD
 Orthopaedic Foot and Ankle Surgeon
 Nirschl Orthopaedic Center
 1715 N George Mason Drive Suite 504
 Arlington, VA 22205
 703-525-2200

