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Non-Operative Achilles Tendon Rupture

Accelerated Functional Rehabilitation Program

1-2 Weeks

- Non-weight bearing with crutches
- Cast with ankle in plantar flexion of approximately 20 degrees

2-6 weeks

- Walking boot with heel lifts
 - Edema control
 - Hip and knee ROM/strengthening
 - Hydrotherapy
 - Dorsiflexion to neutral
 - Protected weight-bearing with crutches
- Week 2-3 - 25%
 - Week 3-4 - 50%
 - Week 4-5 - 75%
 - remove 1st heel wedge
 - Week 5-6 - 100%
 - remove 2nd heel wedge

6-8 Weeks

- Remove last heel wedge (of one is still remaining)
- Active plantar and dorsiflexion range of motion exercises, inversion/eversion below neutral
- EMS to calf musculature with seated heel raises when tolerated.
- Patients being seen 2-3 times per week depending on availability and degree of pain and swelling in the foot and ankle.

- Knee/hip exercises
- Hydrotherapy (within motion and weight-bearing limitations)
- Emphasize need of patient to use pain as a guideline. If in pain- back off activities and weight bearing.
- Graduated resistance exercises (open and closed kinetic chain as well as functional activities) – start with Theraband tubing exercises
- With weighted/resisted exercises do not go past neutral ankle position.
- Gait retraining now that 100% weight bearing
- Fitness/cardio to include weight –bearing as tolerated e.g. biking

8-12 weeks

- Ensure patient understands that tendon is still very vulnerable and patients need to be diligent with activities of ADL and exercises. Any sudden loading of the Achilles may result in a re-rupture
- Wean off boot (usually over 4-5 day process – varies per patient)
- Wear Compression ankle brace to provide extra stability and swelling control once
- Continue to progress range of motion, strength, proprioception exercises
- Add exercises such as stationary bicycle, elliptical, walking on treadmill as patient tolerates.
- Add wobble board activities – progress from seated to supported standing to standing as tolerated.
- Add calf stretches in standing (gently)
- Add double heel raises and progress to single heel raises when tolerated.
- Continue physiotherapy 1-2 times a week depending on how independent patient is at doing exercises and access they have to exercise equipment.

12-16 weeks

- Continue to progress range of motion, strength, and proprioception exercises
- Retrain strength, power, endurance through eccentric strengthening exercises and closed kinetic chain exercises
- Increase cardio training to include running, cycling, elliptical as tolerated

16 weeks +

- Increase dynamic weight bearing exercise, including sport specific retraining

4-6 months

- Return to normal sporting activities that do not involve contact or sprinting, cutting, jumping etc
- Patient needs to have regained approximately 80% strength to participate

6-9 months

- Return to all sports as long as patient has recovered 100% strength after being cleared by physician