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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Achilles Tendon Repair

Repair of the ruptured Achilles tendon

The Achilles tendon has been repaired. Early care protects the repair by holding the ankle in plantarflexion (heel wedges) and gradually returning to neutral, while progressing weight bearing in a boot. Aggressive dorsiflexion stretch and sudden loading are avoided to prevent re-rupture or elongation.

General Precautions

- Splint/boot in plantarflexion with heel wedges; wedges removed gradually.
- No passive dorsiflexion past neutral for the first ~6 weeks.
- Progress weight bearing in the boot per protocol; no barefoot walking early.
- Avoid sudden or explosive loading; no passive stretching into dorsiflexion early.

Phase I — Protection Weeks 0-2

Goals

- Protect the repair
- Control swelling
- Maintain toe/knee/hip motion

Precautions / Restrictions

- Non-weight-bearing or protected weight bearing per surgeon
- Ankle immobilized in plantarflexion

Exercises & Interventions

- Toe motion
- Knee and hip motion / straight-leg raises
- Edema control / elevation

Criteria to Advance

- Wound healing
- Swelling controlled

Phase II — Protected Motion & Weight Bearing Weeks 2-6

Goals

- Progress weight bearing in the boot
- Restore dorsiflexion to neutral (not beyond)

Precautions / Restrictions

- No dorsiflexion past neutral
- Heel wedges removed gradually

Exercises & Interventions

- Progressive weight bearing in boot with heel lifts
- Active ankle plantarflexion and dorsiflexion to neutral
- Gentle inversion/eversion

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- Isometric plantarflexion (sub-maximal)
- Scar management

Criteria to Advance

- Full weight bearing in boot
- Dorsiflexion to neutral

Phase III — Motion & Strength Weeks 6–12

Goals

- Full weight bearing out of boot
- Restore full dorsiflexion
- Begin strengthening

Precautions / Restrictions

- Progress dorsiflexion stretch gradually
- Avoid aggressive loading

Exercises & Interventions

- Wean boot to shoe (with heel lift transitioning out)
- Progress dorsiflexion range
- Progressive calf strengthening (isometric → concentric, seated → standing)
- Balance/proprioception
- Stationary bike

Criteria to Advance

- Normal gait without boot
- Full range of motion
- Bilateral then single-leg heel raise progressing

Phase IV — Advanced Strengthening Months 3–6

Goals

- Restore strength and single-leg heel-raise capacity

Exercises & Interventions

- Progressive resistive calf strengthening
- Single-leg heel raises
- Low-impact conditioning
- Begin jogging progression late if criteria met

Criteria to Advance

- Single-leg heel-raise strength/endurance approaching symmetric
- No pain with loading

Phase V — Return to Sport Months 6–9

Goals

- Return to running and sport

Exercises & Interventions

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- Running and plyometric progression
- Agility and sport-specific drills

Criteria to Advance

- Symmetric strength and hop/heel-raise testing
- Return to sport typically ~6–9 months, surgeon-cleared

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.