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## Achilles Tendon Repair: Post Operative Accelerated Rehabilitation Protocol

### 0 – 2 Weeks Post Operatively

Plaster front slab placed on while under anaesthetic, in minimal equinus (foot pointing down)

Touch-weight-bearing mobilization with 2 crutches

Regular pain relief as required (Eg. Paracetamol, Coedine and Diclofenac)

Keep plaster dry

Strict elevation at the level of the heart, for 23 hours a day for 7 days (for pain relief and wound healing)

Elevation at the level of the heart, for 12 hours a day for 7 further days

### After 2 Weeks Post Operatively (Post Operative Week 3)

Outpatient visit – Seen by Mr Gordon

Plaster front slab removed, wound inspected and stitches removed

Rigid walking boot (eg. XP Walker by Aircast) with 3 x heel-lift inserts fitted (ankle movements protected)

Start full weight-bearing (as much weight as comfortable). (Early weight bearing has been shown to statistically improve time to return to activities including work, sports, and normal walking)

Start physiotherapy – at home and in outpatients (see below)

### After 2 - 8 Weeks Post Operatively

Boot can be removed for physiotherapy, when seated, for bathing, but when off, no weight through foot

At all other times, boot must remain on (including sleeping)

**Start of 5th Post Operative Week** - Patient removes 1 x heel-lift insert (2 remaining)

**Start of 7th Post Operative Week** - Patient removes 1 x heel-lift insert (1 remaining)

**Start of 9th Post Operative Week** (ie. 8 weeks Post Operatively)

# Achilles Tendon Repair:

## Post Operative Accelerated Rehabilitation Protocol

### 8 Weeks Post Operatively

Outpatient visit – Seen by Mr Gordon

Assessment of tendon healing, ankle motion, calf power, gait

Discard boot and into normal shoe full weight bearing

Continue physiotherapy

### 3 Months Post Operatively

Outpatient visit – Seen by Mr Gordon

Assessment of tendon healing, ankle motion, calf power, gait, discuss sporting aspirations

Continue physiotherapy

Start jogging

### 6 Months Post Operatively

Outpatient visit – Seen by Mr Gordon

Assessment of tendon healing, ankle motion, calf power, gait, discuss sporting aspirations

Continue physiotherapy if required

Start sports requiring explosive activities

### Driving

You need to be able to control the vehicle in an emergency. Can you stamp your foot down on the ground? For left sided surgery and no clutch is required, driving is probably safe at 2 weeks post operatively. For right sided surgery, driving is probably safe at 9 weeks post operatively, once in a normal shoe. If you are unsure, please ask Mr Gordon.

### Return to Sport

There is a lack of evidence to recommend specific timings for returning to sport. A decision should be made with in consultation with Mr Gordon and your physiotherapist. Above timings are guidelines only.

### Rehabilitation Guide for Physiotherapists

#### Post Operative Week 3 & 4

Soft tissue massage

Out of boot : Passive range of motion, gentle active plantar flexion, limit dorsiflexion to gravity in prone position

Exercise bike with boot on

Post Operative Week	Support	Weight Bearing Status
1	Plaster	Touch weight bear
2	Plaster	Touch weight bear
3	Boot – 3 heel raises (22°)	Full weight bear
4	Boot – 3 heel raises (22°)	Full weight bear
5	Boot – 2 heel raises (16°)	Full weight bear
6	Boot – 2 heel raises (16°)	Full weight bear
7	Boot – 1 heel raises (10°)	Full weight bear
8	Boot – 1 heel raises (10°)	Full weight bear
9	Normal Shoe	Full weight bear

**Rehabilitation Summary. Operation occurs on first day of ‘Post Operative Week 1’**

(x° = Degrees of plantar flexion using Aircast heel raises)

**Post Operative Week 5 - 8**

Active plantar flexion with Theraband

Seated heel raises

Out of boot : Full plantar flexion, inversion and eversion, limit dorsiflexion to number of heel raises in degrees (see Rehabilitation Summary table)

Proprioception/balance, Gait re-education

**Post Operative Week 9 onward (boot discarded)**

Gentle weight bearing dorsiflexion stretch (lunge position)

Eccentric/Concentric loading (bilateral to single. Emphasise eccentric phase)

Single stairs

Progress to upslope and downslope

NWB aerobic exercises - e.g. cycling (push with heel, not toes).

Monitor inflammation signs and rehabilitation accordingly

Discard crutches (if still needed) when dorsiflexion 10°

**3 Months Post Operatively**

Jogging progressing to fast acceleration & deceleration

Directional running / cutting

Pylometrics. e.g. toe bouncing upwards / forwards /directional

## Reference List

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