

Week 0-3: Two post-operative visits with MD

Treatment: Cast changed to a walking boot at first visit.
Second visit – walking boot with three heel lifts/padding
A shoe/heel lift is given to even out opposite side
Suggested product: “Even Up”
Remove boot only for sock changes and wound inspections

Exercise: Home exercises in the brace
Isometric plantar flexion - 5 x 5 seconds, once per hour while awake
Toe flexion/extension - 3 x 20 reps, once per hour while awake

Weight bearing: Begin partial weight bearing (50%) with the boot

Week 3-4: No MD visit needed

Treatment: Walker brace with two heel pads
Remove the walking boot as needed to wash/aerate (no weight bearing brace is while off)
Sleep in a night splint (either prefabricated or made in office)

Exercise: Continue above plus visit physical therapist 2-3x per week for:
Exercise bike with the boot in place
Remove brace for active motion from maximal plantar to neutral
Active plantar flexion with Thera band (light resistance - yellow)
Sitting heel rises
Gait training and balance with walker boot - no crutches
Squats and hip/knee exercises that do not stress the ankle

Weight bearing: Progress to full with boot, none without

Week 4-6: No MD visit needed

Treatment: One heel pad with walker boot
Continue to sleep in night splint for as long as six weeks post op

Exercise: Active ROM up to neutral
Active plantarflexion with increasing resistance on the Theraband (green)
Sitting heel rise - with progressive weight
Ankle supination/pronation with rubber bands
Continued gait training and balance with the walker brace, additional as above
Begin bike without the boot

Post- Operative Instructions Achilles Tendon Rupture

(Continued)

Sean Peden, MD

203.869.1145

Week 6-10: Visit MD (third)

Treatment: Gradually wean from walker boot as tolerated.
Possible heel lifts and compression stockings (if swollen)

Exercise: Progressive/gentle increase - active ROM, balance, standing heel rise (50% weight, use the uninjured leg for the other 50%), gait training, all without the boot.
Exercise bike with resistance
Heel rise using leg press machine, resistance bands
Supination and pronation with cable resistance

Beyond 10 weeks:

Treatment: Progressive walking - 20 min today, increase as tolerated
Progress to running at a minimum of 3-4 months

Exercise: Increase load with therapist in gym
Progress to single limb heel rise as tolerated
Two legged jumps by 3 months, progress gradually

Return to sports: 16 weeks at earliest for non-contact sports
20 weeks for contact sports
General rule is patient must have 90-100% strength in single limb heel rise (# of repetitions in a given time period) when compared to the opposite limb