UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE
AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

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ACHILLES REPAIR PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The patient's home exercise program is of utmost importance and should be monitored and emphasized. Initially, patients should be performing their exercises several times a day to regain motion.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as impact loading, jogging, or pivoting and shifting early post-operatively may increase the overall chance of fixation failure. And symptoms of pain, swelling, or instability should be closely monitored and avoided by the patient.

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Phase 0: Weeks 0- 2

TREATMENT GOALS:
- Control pain and effusion.
- Incision healing.

PRECAUTIONS:
- Non weight bearing and splint for first 2 weeks.
- Use crutches.

MANUAL THERAPY:
- SLRs.
- Hamstring stretches.

FOR ADVANCED PATIENT/ATHLETES: UBE, UE weight lifting, core strengthening may be done if it does not load LEs.

MODALITIES:
- Cryotherapy as needed.

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Phase I: Weeks 2- 6

TREATMENT GOALS:

- Control pain and effusion.
- Begin ankle ROM (pain free DF to neutral).

PRECAUTIONS:

- Toe touch weight bearing in boot locked at 20 degrees of plantar flexion with crutches (weeks 2-4).
- Weight bearing as tolerated in boot with two heel lifts (weeks 4-6).
- May remove boot to perform NWB exercises and ROM.
- N**WB ROM only** (dorsiflexion limited to neutral).

MANUAL THERAPY:

- Patient MUST work on NWB ankle motion at home.

SUGGESTED EXERCISES:

- Ankle isometrics (sub max plantar flexion).
- Hamstring/ITB stretch.
- Prone hangs to facilitate extension.
- Heel slides for flexion.
- Quad sets with E-stim.
- SLR in 4 planes, supine/side lying hip circles.
- SAQ, prone knee extensions/TKEs.
- Multi-hip machine in 4 planes.
- Hip flexion-seated.

FOR ADVANCED PATIENT/ATHLETES: UBE, UE weight lifting, core strengthening may be done if it does not load LEs.

MODALITIES:

- Cryotherapy as needed.

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Phase II: Weeks 6-12

TREATMENT GOALS:

- Be aware of changes in condition (such as pain and effusion) and modify program as indicated.
- Control pain and effusion.
- Normal gait in shoes.
- Full pain fee ankle ROM.

PRECAUTIONS:

- Weight bearing as tolerated in boot at neutral (weeks 6-8).
- Weight bearing as tolerated in normal shoes (week 8).
- No Impact.
- Weight bearing rehab in lace-up ankle brace, non-weight bearing rehab out of brace.

MANUAL THERAPY:

- Continue stretches as previous.

SUGGESTED EXERCISES:

- Continue previous exercises as indicated.
- Gastroc strengthening.
- Monster walk add variations.
- Heel-toe walking, cone stepping to Dynamic warm-up.
- Stepping drills (side step, cross-over step, grapevine step).
- Leg Press, Total gym, or Reformer.
- Wall squats.
- Lateral step down.
- Stationary bike (heel on pedals).

BALANCE TRAINING:

- Single leg balance.

MODALITIES:

- Cryotherapy as needed.

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Phase III: Weeks 12-16

TREATMENT GOALS:
- Be aware of changes in condition (such as pain and effusion) and modify program as indicated.
- Full ROM.
- Control pain and effusion.
- Full lower extremity strength.

PRECAUTIONS:
- Weight bearing as tolerated.
- No single leg impact (may start two feet to two feet hops).

MANUAL THERAPY:
- Continue stretches as previous.

SUGGESTED EXERCISES:
- Continue previous exercises as indicated.
- Monster walk add variations.
- Heel-toe walking, cone stepping to Dynamic warm-up.
- Leg Press, Total gym, or Reformer.
- Wall squats.
- Lateral step down.
- Stationary bike.
- Mini-squats/squats (0-90).
- Hamstring curl (0-90).
- Leg Press (0-90).
- Lunges-knee not to migrate over toe.
- Begin light circuit training - Stepper, NordicTrack, treadmill.

BALANCE TRAINING:
- Cone walking.
- Mini squat with UE or LE reach (rock around the clock).
- Single leg balance with plyotoss or other challenge.
- Sports cord agility work.
- Wobble board work.

MODALITIES:
- Cryotherapy as needed.

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Phase IV: Months 4-6

TREATMENT GOALS:
- Enhance neuromuscular control.
- Perform selected sports specific activity and release per MD to unrestricted sporting activity.
- Achieve maximal strength and endurance.

FUNCTIONAL TRAINING:
- Initiate light plyometric/sports metric type program (as released by MD for impact loading).
- Box jumps, level, double-leg, rope jumping, star jumps, hopping.
- Sport specific drills.
- Intensify circuit training - Stepper, elliptical, treadmill, ladder drills, rope jumping, reaction drills.

RUNNING PROGRAM:
- Backward run.
- Return to jogging then running if patient is tolerating plyometrics.

CUTTING PROGRAM:
- Lateral shuffle.
- Carioca, figure 8's.
- LEFTest run.

MODALITIES:
- As needed.

*Advanced weight training and sports specific drills are advised to maintain a higher level of competition.