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# Physical Therapy Prescription – Achilles Tendon Rupture Non Operative Protocol

Name:	Date:	
Diagnosis: R / L Achilles Tendon Repair	Date of Injury:	
Frequency: 2-3 times per week for	weeks	

## General Considerations:

• Time frames mentioned in this protocol should be considered approximate with actual progression based on clinical presentation and physician direction.

## 1-2 weeks:

- Short Leg fiberglass cast vs walking boot with 20 degrees plantarflexion/heel lifts
- TDWB with crutches for assistance

## 2-6 weeks:

- CAM boot with heal lifts
- Protected Weight bearing with crutches
  - Week 2-3: 25% Wbing
  - Week 3-4: 50% Wbing
  - Week 4-5: 75% Wbing
  - Week 5-6: 100% Wbing

## 6-8 weeks:

- remove heel lift
- Progress with active plantarflexion and dorsiflexion ROM to neutral
- Modalities to control swelling (US, IFC with ice, acupuncture, laser as needed)
- EMS to calf muscle with seated heel raises when tolerated
- Knee / hip exercises with no ankle involvement e.g. Leg lifts from sitting, prone, or side laying
- Non weight bearing fitness / cardio; e.g. biking one leg with boot on. Deep water running.
- Emphasize using pain as guideline

### 8-12 weeks:

## Ensure pt understands tendon is still vulnerable

- Any sudden load of achilles may result in rerupture
- Wean out of CAM boot
- Wear compression ankle brace as needed
- Continue to progress ROM
- Add double leg heel raises and progress to single leg heel raises as tolerated

## 12-16 weeks:

- Continue to progress ROM, strength, and proprioception
- Increase cardio training, running, cycling, elliptical as tolerated
- 16+ weeks: Sport specific exercises
- 4-6 months: Return to normal sporting activities that do not invlove contact, sprinting, cutting
- 6-9 months: Return to all sports as long as patient has 100% strength/confidence
- Discharge criteria: Physician indicates, Long term goals achieved, Patient personal goals achieved

Physician Signature:

Date:

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