

### Percutaneous Achilles Repair Protocol

#### **Phase 1: Immediate Postoperative Period: Postoperative Day 0 to 10-14 Days**

*Goals:* Decrease pain and swelling, Protect Surgical Repair

1. Non-Weight Bearing
2. Splint remains in place for 10 to 14 days

Before progressing to Phase 2:

- Assessment for ROM
- Assessment for Stability of Repair

#### **Phase 2: Sub-Acute Phase: Weeks 2-6**

*Goals:* Decrease/eliminate pain, increase ROM, decrease swelling

1. Transitioned to a walking boot with 4 felt heel wedges (measuring 7/16" each)
2. Begin active plantar flexion and dorsiflexion up to 5° to 10° short of neutral
3. Begin Formal Physical Therapy
  - a. Focus on active plantar flexion
  - b. Focus on gradual dorsiflexion
4. Begin partial weight bearing,
  - a. Remove 1 heel wedge per week
  - b. Progress to full weight bearing by 6 weeks postop

Before progressing to Phase 3:

- Dorsiflexion up to 5° short of the contralateral side

#### **Phase 3: Rehabilitative Phase/Functional Phase: Weeks 6-9**

*Goals:* Regain ROM and strength, increase endurance and proprioception

1. At week 7, the patient is weaned from the boot into a shoe over 2 weeks
  - a. Wedges if necessary for comfort
2. Progress to pain-free concentric and eccentric strengthening exercises (both open chain and closed chain)
3. Start functional physical therapy with sports progression
  - a. As motion and strength improve
4. Endurance activities (stationary biking, swimming, walking, etc.)
5. Functional Exercises and Drills (Straight ahead jogging-> running)

Precautions:

- No cutting or pivoting activities until 16 weeks

- Exhibit caution in terms of limitations with activities as the risk of re-rupture persists up to 4 months

**Phase 4: Return to Pre-Injury Levels: Weeks 16+**

1. Use Pain as a guide as athletes may resume controlled practice activities
2. Coordination and agility training-depends on patient's prior level of function, recreational activities, and goals
3. Athletes may be able to return to full preinjury level of activity; however, this may take between 4.5 and 12 months postoperatively
4. Return to Play Activities
  - a. Non-contact drills
  - b. Contact-drills in practice
  - c. Full Release to Game action

**Return to Play Criteria**

- Patient must be full weight bearing.
- Strength within 90% of uninjured ankle.
- ROM must be even bilaterally for all ankle motions.
- SL balance should be comparable to uninjured side.
- No swelling before activity.
- Patient reported pain level at a 4 or lower.
- Tape or brace if necessary.
- Athlete must complete hop test and agility test before RTP.