

Achilles Tendon Repair Protocol

Weeks 1 & 2

- NWB with crutches
- No passive ankle ROM

Weeks 3-5

- Patient placed in walking boot
- PWB → FWB progression as tolerated with crutches
- Cryotherapy daily

Weeks 5-6 (start rehab)

- Wean out of walking boot as tolerated, utilizing heel lifts
- Progress to non-antalgic gait without crutches
- Initiate balance training and gait mechanics
- ROM training for inversion/eversion only
- Submaximal isometrics in all directions
- Seated heel raises
- E-Stim and cryotherapy as needed

Weeks 6-8

- Initiate gentle heel cord mobilization and self-stretch to neutral position
- Scar tissue mobilization (Graston) as needed for PROM
- Progress from isometrics to active resistance training in HEP (except PF)
- Progress balance work to include Airex or balance pads
- Shuttle press (50% BW) and Shuttle PF (25% BW)
- OK to initiate stationary biking

Weeks 9-10

- Progress PROM past neutral in pain-free manner
 - Add standing gastroc stretch to HEP
- BAPS board progression for biomechanics
- Gradually increase resistance of leg press/PF/biking
- Ultrasound/E-stim as needed

Weeks 11-12

- Begin standing heel raises with BW – focus on eccentric control
- OK to increase walking distances and biking durations
- BOSU balance training/Continue with BAPS board
- Achieve full PROM (full DF may take > 12 weeks)

Months 4-6

- Plyometric progression
 - Begin with lateral work, progress to hopping down, then up, then over
 - Begin with bilateral work and progress to single leg
- Initiate walk – jog – run program
- Increase LE strengthening in all planes (focus on end range work and control)
- Maintain full PROM/AROM and scar tissue control through STM/ASTM

Beyond Month 6 → Return to sport as instructed, continue to work on LE mechanics and strength