

Inland Orthopaedic Surgery & Sports Medicine Clinic

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ACHILLES TENDON REPAIR

POST OPERATIVE INSTRUCTIONS AND ACCELERATED REHABILITATION PROTOCOL

This protocol has been developed for the patient following Achilles tendon repair. Early weight bearing and an accelerated rehab has been shown to result in improved functional outcomes after achilles tendon repairs. This protocol may vary in length, aggressiveness and return to sports/work/activities depending on factors such as: range of motion/swelling status, pre-operative function, rehabilitation goals and expectations.

Physical therapy is important aspect of your recovery following this surgery. You will work with your physical therapist to regain range of motion, strength, optimize function and return to activity based on your individual goals and desired post-operative activity.

I. POST-OPERATIVE INSTRUCTIONS:

- a. **Take 1 tablet (325 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. The risk of blood clots is quite low after an achilles tendon repair but aspirin is taken as a precaution to decrease the risk even more. Certain factors such as smoking, birth control pills and certain medical conditions increase the risk of blood clots and it is especially important to take the aspirin for those situations.
- b. Immediately after surgery you will be **non-weight bearing** on the operative leg and will use crutches for walking. Non-weight bearing is **continued for 2 weeks after surgery while you are in the splint**. After 2 weeks the splint is discontinued and you are placed in a CAM walker as progressive weight bearing is begun.
- c. **For the first 48-72 hours after surgery it is important to keep the ankle elevated at heart level or slightly above as much as possible**. This is done not only to decrease swelling but also for pain control.
- d. While in the splint, immediately after surgery, work on bending and extending your toes which can help reduce swelling. It is ok to begin to mobilize and walk with the crutches as your pain allows. However, avoid going long periods of time without elevating the leg as this will cause increased pain and swelling.
- e. If the splint begins to feel too tight as a result of swelling it is ok to split the white cast padding underneath the ace bandage and loosen the ace bandage, but do not remove the splint (fiberglass or plaster) material.
- f. It is ok to shower after surgery, but **keep the splint as dry as possible** by either bathing or keeping the splint wrapped. Once the splint is removed it is ok to get the incision wet in the shower but just let water run over the incision. Do not scrub or soak the incisions and pat dry. Do not submerge incisions in bath or pool until fully healed 5-6 weeks.
- g. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the foot the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night**.
- h. Decrease the frequency of your pain medicine as your symptoms allow. Generally patients are able to be off of pain medicine around 5-7 days post-op.
- i. **Return to driving:** If surgery was performed on your left ankle it is generally ok to drive (an automatic car) after you are off pain medications and you feel as if you can drive safely. Previous studies have demonstrated that return to **normal braking time** after right sided Achilles tendon repair **does not return to normal until 6-7 weeks post-operatively**, and thus it is not recommended to drive until that time frame.

II. Rehabilitation Protocol 0-2 Weeks Post-Op

- a. Non weight bearing to the operative side for 2 weeks from the date of surgery. Use crutches or a

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knee scooter following surgery

- b. **Goals:** 1) Healing and Protection 2) Swelling control (elevation) 3) Pain control
- c. Stretching: Hamstring/Quads/ITB/Hip Flexors
- d. Range of Motion (ROM)-flexion and extension of toes
- e. Active Range of Motion (AROM) of the hip and knee
- f. Straight leg raises and Quad Sets

III. 2-4 Weeks Post-Op

- a. Splint will be discontinued, stitches removed, CAM Walker with ½ inch heel lift
- b. Use crutches for **Partial Weight-Bearing** to the operative side
- c. The CAM walker is worn at all times while you are up and moving, except for exercises/PT
- d. Continue previous exercises as appropriate
- e. Begin gentle Active Ankle ROM:
 - i. Dorsiflexion, Inversion, Eversion
 - ii. **Avoid active Plantarflexion**
- f. Passive plantarflexion to tolerance
- g. Isometrics, no plantarflexion
- e. Straight leg raises
- f. Modalities
- g. Ok for upper body exercises, but no push-ups or other exercises that require ankle loading

IV. 4-6 Weeks Post-Op

- a. CAM Walker with ¼ inch heel lift
- b. **Weight bearing as tolerated in CAM Walker.** Wean off crutches
- c. Continue previous exercises as appropriate
- d. Isometrics including plantarflexion
- e. Continue range of motion, scar massage, adhesion prevention
- f. Mini squats and Wall squats in CAM Walker
- g. Can begin stationary bike in CAM Walker, **with heel on pedal**
- h. **Goal: Neutral dorsiflexion (0 degrees)**

V. 6-8 Weeks Post-Op

- a. Continue previous exercises as appropriate
- b. Wean out of CAM walker at home, continue to wear out of the house
- c. Ankle AROM, can include plantarflexion now
- d. Light theraband-DF, IN, EV, but no plantarflexion
- e. Stationary bike in CAM, **with toes on pedal**
- f. Gentle Achilles tendon stretching in non-weight bearing
- g. **Goal: 10 degrees dorsiflexion**

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VI. 8-12 Weeks Post-Op

- a. Transition out of CAM Walker, lace up ankle brace
- b. Progress resistance therabands, introduce plantarflexion
- c. Gentle achilles tendon stretching in weightbearing
- d. Double leg heel raises
- e. Progress Quad/HS/Hip strengthening
- f. Proprioception
- g. Treadmill: walking progression program
 - i. Walk 2 miles at 15 min/mile pace
- h. Elliptical
- i. Push-up progression
- j. **Goal:** Achieve symmetrical dorsiflexion

VII. 3-4 Months Post-Op

- a. Discontinue brace
- b. Continue appropriate previous exercises
- c. Begin light jogging
- d. Single leg heel raises
- e. Functional activities

VIII. 4-6 Months Post-Op

- a. Running progression program-progress to hard surfaces
- b. Agility drill/plyometrics
- c. Transition to home program
- d. Return to activity, **Return to impact sports at 6 months**