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Procedure: _____

PT PROTOCOL

Achilles Tendon Repair

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Weight-bearing progression, wedge use/weaning, and boot type may vary by repair type and surgeon preference (e.g., tendon augmentation, revision, chronic tendinosis, or re-rupture after non-surgical management warrant a more conservative approach). Follow the weight-bearing status in the phases below unless a different status is indicated here.

☐ **Non-weight-bearing** ☐ **Toe-touch / partial weight-bearing** ☐ **Weight-bearing as tolerated**

Boot / precautions: _____

1 **Weeks 0–4**
Protect repair; NWB in boot with wedges, proximal strengthening only

2 **4–6 Weeks**
Partial WB progression in boot; wean wedges, DF limited to neutral

3 **6–12 Weeks**
Full WB, boot off by wk 8; progressive dorsiflexion, standing strengthening

4 **Months 3–6**
Progress strengthening; jog wk 12–14, run/cut wk 16, RTS 5–6 months

Milestones above are goals, not guarantees; progression is criterion-based.

Phase 1 Weeks 0–4

Weight-Bearing: Non-weight-bearing with crutches, in a splint and/or Achilles boot with heel wedges in place at all times.

Therapeutic Exercises

- All exercises performed in the boot/splint — no formal ankle-specific physical therapy during this phase.
- Quad sets, straight leg raise, abdominal bracing.
- Hip abduction, clamshell, prone hip extension, prone hamstring curls.
- Supine passive hamstring stretch.

Phase 2 Weeks 4–6

Weight-Bearing: Begin partial, progressive weight-bearing on crutches in the Achilles boot with 3 heel wedges; progress approximately 25% of body weight per week as tolerated, toward full weight-bearing without pain. Wean one heel wedge at week 5 (2 remaining); wean a second wedge at week 6 (1 remaining).

Range of Motion

- PROM/AROM/AAROM ankle from full plantarflexion to neutral — do not dorsiflex past neutral.
- Inversion/eversion, toe flexion/extension.

Therapeutic Exercises

- Continue Phase 1 proximal strengthening.
- Seated heel raises; isometric dorsiflexion to neutral.
- Resistance bands for plantarflexion/inversion/eversion.
- Proprioception: single-leg stance with front support, to avoid excessive dorsiflexion.
- Soft tissue mobilization/scar massage/desensitization/edema control, once the incision is healed.

Phase 3 Weeks 6–12

Weight-Bearing: Wean the final heel wedge at week 7; full weight-bearing in the boot without wedges by week 8. Discontinue the boot at week 8.

Range of Motion

- PROM/AROM/AAROM ankle.
- Progressive dorsiflexion in 10° intervals: 10° at week 8, 20° at week 10, 30° at week 12.

Therapeutic Exercises

- Standing heel raises; single-leg eccentric lowering.
- Step-ups, side steps.
- Proprioception: balance board.
- Avoid overt stretching of the Achilles/calf; avoid instrument-assisted soft tissue mobilization directly on the tendon until at least 16 weeks.

Phase 4 Months 3–6

Weight-Bearing: Full.

Therapeutic Exercises

- Progress strengthening, proprioception, and gait-training activities.
- Begin light jogging at 12–14 weeks.
- Running/cutting at 16 weeks.
- Return to sports at 5–6 months.