



These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: Achilles Tendon Repair

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
Week 1-2	<ul style="list-style-type: none"> • cast NWB • education: surgery, anatomy, healing time, rehab phases • encourage ADL as much as possible • rest and elevation between ADL • hip AROM: lying and standing • knee AROM: lying and standing • sutures removed at 10 days 	<ul style="list-style-type: none"> • rest and recovery from surgery • control swelling and pain • gradual increase of ADL 	
Week 3-6	<ul style="list-style-type: none"> • NWB in walker boot: in PF position – remove one wedge every 2 weeks <i>(Some surgeons may recommend WB as pain allows during this time frame)</i> • shower when wound clear • massage of foot to decrease edema (light massage to FHL, FD, TP tendons) • control swelling with elevation • core exercises: <ul style="list-style-type: none"> - abdominal recruitment - bridging on ball with feet lightly against wall - ball reach - arm pulleys or resisted theraband diagonals • toe flexion/extension • hip: AROM <ul style="list-style-type: none"> - strength: clams, sidelifts, gluteus maximus, SLR • knee: AROM <ul style="list-style-type: none"> - strength: SLR, side lifts, prone leg lifts - theraband press – progress to leg press machine at 21 days • stretching: glut max, glut med, piriformis, hamstring gentle, rectus femoris • upper extremity exercises: progress as tolerated 	<ul style="list-style-type: none"> • maintain hip and knee ROM • improve core, hip and knee strength • safe use of crutches 	
Week 7-10	<ul style="list-style-type: none"> • WB in walker boot: Wedges should be gone at this point. • swelling control with elevation and modalities as required • AROM at ankle: PF, inversion/eversion, DF to first point of resistance • manual mobilization of foot as required • gentle mobilization subtalar • continue core, hip and knee strengthening (do exercises with brace on) • try to control knee hyperextension (knee hyperextends to compensate for lack of DF at ankle) 	<ul style="list-style-type: none"> • FWB in walker boot • increase core, hip, and knee strength 	



Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
Week 10-12	<ul style="list-style-type: none"> usually out of boot at week 10-12 stationary bicycle: start to add tension sitting: active PF exercises, DF to tolerance 	<ul style="list-style-type: none"> increase DF to allow boot to come off 	
Week 13-16	<ul style="list-style-type: none"> boot off increase WB tolerance theraband: inversion/eversion, DF ROM exercises: <ul style="list-style-type: none"> gentle calf stretches manual mobilization as required calf press leg press proprioceptive exercises <ul style="list-style-type: none"> single leg support progress to wobble board, Sissel, fitter gait retraining swimming stepper eccentric drops progress to advance dynamic drills 14+ weeks <ul style="list-style-type: none"> hopping skipping progress to sport specific drills 14+ weeks 	<ul style="list-style-type: none"> FWB, no swelling or pain near full strength good proprioception in single leg support 	
Week 16+	<ul style="list-style-type: none"> work or sport specific activity work to control arch emphasis on <ol style="list-style-type: none"> proprioception: wobble board Sissel fitter strength training through range running 	<ul style="list-style-type: none"> full lower extremity strength maximum function 	
Week 26	<ul style="list-style-type: none"> return to competitive sport <p>Note: Risk of re-rupture if jumping down from a height</p>		

Legend of Abbreviations:

ADL:	activities of daily living
AROM	active range of motion
DF	dorsiflexion
FD	flexor digitorum
FHL	flexor hallucis longus
PF	plantar flexion
SLR	straight leg raising
TP	tibialis posterior
WB	weight bearing

Developed by:

The post-operative rehabilitation guidelines are based on protocols identified from an extensive review of the current surgical and rehabilitation literature along with VSC and community orthopaedic surgeon, physical medicine specialist, and sports medicine physician input. The Orthopaedic Section of the BCMA has reviewed these guidelines during their development and has been helpful in that process. Representatives from the Physiotherapy Association of B.C. have also reviewed these guidelines.