

Achilles Tendon Rupture Rehab Protocol

1-2 Weeks

Splint in ankle plantar-flexion approximately 20 degrees
Non-weight bearing with crutches

2-6 Weeks

Walking boot with 2-4 cm heel lift (4-6 heel pads)
Protected weight-bearing with crutches

- Week 2-3 - 25%
- Week 3-4 - 50%
- Week 4-5 - 75%
- Week 5-6 - 100%

6-8 Weeks

- Start removing heel lifts over 4 weeks (1/week on average)
- Active plantar and dorsiflexion ROM exercises to neutral, inversion/eversion below neutral
- Modalities to control swelling
- Scar mobilization and education
- EMS to calf musculature with seated heel raises when tolerated.
- Knee/hip exercises with no ankle involvement e.g. leg lifts from sitting, prone or sidelying
- Non-weight bearing fitness/cardio work e.g. biking with one leg
- Do not go past neutral ankle position.
- Weight – bearing as tolerated, usually 100% weight bearing in boot walker at this time



8-12 weeks

**** Ensure patient understands that tendon is still very vulnerable and patients need to be diligent with activities of ADL and exercises. Any sudden loading of the Achilles (e.g. Trip, Step up stairs etc.) may result in a re-rupture****

- Wean off boot (usually over 4-5 day process – varies per patient)
- Wear Compression ankle brace to provide extra stability and swelling control once walking boot removed. Return to crutches/cane as necessary and gradually wean off
- Continue to progress range of motion, strength, proprioception exercises
- Add exercises such as stationary bicycle, elliptical, walking on treadmill as patient tolerates.
- Add wobble board activities – progress from seated to supported standing to standing as tolerated.
- Add calf stretches in standing (gently)
- Add double heel raises and progress to single heel raises when tolerated.
- Continue physiotherapy 1-2 times a week depending on how independent patient is at doing exercises and access they have to exercise equipment.

12-16 weeks

- Continue to progress range of motion, strength, and proprioception exercises
- Retrain strength, power, endurance through eccentric strengthening exercises and closed kinetic chain exercises
- Increase cardio training to include running, cycling, ellipt

