Achilles Repair Guideline

NORTHWESTERN MEDICAL CENTER	Document Classification	🗆 Policy 🗌 Pi	ocedure 🛛 G	uideline
	Document Type:	□ Administrative		
	Applicability:	□ Organization	🗆 Hospital	🛛 Department Only
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Purpose:

Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users:

Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Definitions:

N/A

Guidelines:

PHASE I 0-3 Weeks

NWB with assistive device x 2 weeks Immobilization in splint

PHASE II 3-6 weeks

Begin outpatient Physical Therapy (following 2-week MD follow up for removal of splint) Camboot: set at 15° by MD at week 2 Set at 7.5° by PT at week 4 Set at 0° by PT at week 5 Gait: PWB 50% with Camboot and appropriate assistive device Precautions: NO passive dorsiflexion, no active plantarflexion Gentle soft tissue mobilization and scar massage once incision has healed Edema Control: Ice/cryocuff Elevation Tensogrip/kinesiotape ESTIM as indicated Suggested exercises: ROM: Active dorsiflexion to tolerance Passive plantarflexion to tolerance

Active and passive inversion and eversion Knee and hip AROM and strengthening open chain Optional at 4 weeks- aquatic ther-ex (once incision has healed), WBAT in chest deep water, no resistance or passive stretching of gastroc/Achillies

PHASE III 6-12 weeks

Camboot: set at 0° by PT at 5 weeks Wean from Camboot at 6 weeks and educate in proper footwear (may need wide heel counter to minimize pressure on incision) Gait: FWB at 6 weeks with progression, out of boot. Ensure good gait pattern: Heel-toe gait, good heel strike and push-off, stance time equal left to right. Gentle soft tissue mobilization and scar massage once incision has healed Suggested Exercises: Begin strengthening AROM in all directions Gentle passive Achilles stretching Continue strengthening hip, knee and core Stationary bike without resistance **Balance and Proprioception activities** Progress ankle strengthening Begin functional strengthening exercises Leg press - bilateral Leg press toes raises (bilateral, progress to unilateral) Soft tissue and joint mobs as needed Stairmaster, bike for cardio Criteria to progress: ROM equal to opposite side Controlled inflammation No pain

Plantar flexor strength 4/5 (perform 10 partial to full toes raises)

PHASE IV 12-14 weeks through discharge from PT

Suggested exercises: Progress previous exercises: hip and knee PRE's Progress to WB unilateral heel raises Stairmaster Begin jumping progression: squat to heel raise at slow speed, leg press, min-tramp, ground Functional rehab Forward dips (dip down from stair) multiple plane for balance Begin light plyometric activities. *Criteria to progress*: ROM equal to opposite side Perform 20 unilateral toes raises (full range, pain-free) Perform bilateral jumping in place 30 seconds each F/B, L/R with good technique

PHASE V: 12–14-week post-op to end of PT

Suggested Exercises: Progress previous exercises Progress jumping to hopping Begin jogging/running when hopping is performed with good technique Sport specific drills for appropriate patients Criteria to discharge non-athletes: Good gait pattern ADL's without difficulty Gastroc/soleus 4+ - 5/5 strength Criteria to discharge athletes: Good gait pattern Patient performs the following tests within 80% of the uninvolved leg: Hop for distance Single leg balance reach Maintenance program should stress continued strength and endurance work at least 2-3 times per week.

Responsibilities:

Variances will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach Fourth Edition Giangarra, Charles, Manske, Robert, Brotzman S. Brent copyright 2018

Appendix(ces):

N/A