

COMPREHENSIVE PHYSICAL THERAPY		
Melinda Amato OTR/L, CHT Brandon Heyda OTR/CHT	Raymond Ryan PT/Director Valerie Peckingham PT Isabella Mesturini PT,DPT	Peter Ives PTA Kirsten Perillo PTA

## Megan R. Wolf, MD

### Sports Medicine/Foot & Ankle

### Achilles Rupture Non-Operative Protocol

Time Frame (Weeks)	Activity
0-2	<ul style="list-style-type: none"> <li>Splint, non-weight-bearing with crutches: Immediately for the postoperative group, &amp; immediately after injury in the non-operative group</li> </ul>
2-4	<ul style="list-style-type: none"> <li>Aircast walking boot with 2-cm heel lift</li> <li>Partial protected weight-bearing with crutches; progressive increase in weight bearing 25 lbs/week</li> <li>Active plantar flexion and dorsiflexion to neutral, inversion/eversion below neutral</li> <li>Modalities to control swelling</li> <li>Incision mobilization modalities</li> <li>Knee/hip exercises with no ankle involvement; leg lifts from sitting, prone, or side-lying position</li> <li>Non-weight-bearing fitness/cardiovascular exercises (bicycling with one leg etc.)</li> <li>Hydrotherapy (within motion and weight-bearing limitations)</li> </ul>
4-6	<ul style="list-style-type: none"> <li>Advance to full weight bearing with Aircast boot; wean off crutches</li> <li>Continue 2-4 week protocol</li> </ul>
6-8	<ul style="list-style-type: none"> <li>Remove heel lift in boot</li> <li>Weight-bearing as tolerated</li> <li>Dorsiflexion stretching, slowly</li> <li>Graduated resistance exercises (open and closed kinetic chain as well as functional activities)</li> <li>Proprioceptive and gait retraining</li> <li>Modalities including ice, heat, and ultrasound, as indicated</li> <li>Incision mobilization++</li> <li>Fitness/cardiovascular exercises to include weight-bearing as tolerated; e.g., bicycling, elliptical machine, walking and/or running on treadmill, StairMaster</li> <li>Hydrotherapy</li> </ul>
8-12	<ul style="list-style-type: none"> <li>Wean from boot; 1-cm silicone heel lift in sneaker x 6 weeks (then d/c)</li> <li>Return to crutches and/or cane if necessary and gradually wean off</li> <li>Continue to progress range of motion, strength, proprioception</li> </ul>
12+	<ul style="list-style-type: none"> <li>Continue to progress range of motion, strength, proprioception</li> <li>Retrain strength, power, endurance</li> <li>Increase dynamic weight-bearing exercise, include plyometric training</li> <li>Sport-specific retraining; avoid high impact/pivoting sports for 6 months post-op</li> </ul>

\*Patients are required to wear the boot while sleeping. Patients can remove the boot for bathing and dressing but are required to adhere to the weight-bearing restrictions according to the rehabilitation protocol. If, in the opinion of the physical therapist, scar mobilization is indicated; scar mobilization should be attempted using friction, ultrasound, or stretching (if appropriate). Heat may be applied as indicated before beginning mobilization techniques.\*