Murphy Wainer Orthopedic Specialists
A Division of Southeastern Orthopaedic Specialists, P.A.

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Patient: _____ Date of Surgery: _____

Procedure: Right/Left Achilles Repair

Phase I (0-2 wks): *Immobilization*

Weight bearing: NWB in plaster splint, crutches.
Brace: Splint for 2 weeks in 20° plantar flexion
ROM: None
Exercises: None

Phase II (3-4 wks): *Protected activity*

Weight bearing: WBAT in boot. Wean from crutches after 2 weeks.
Brace: CAM walker with two heel lifts – approximately 30 degrees of plantar flexion. When boot is off no weight bearing or dorsiflexion of ankle.
ROM: Active ROM from maximum plantarflexion to 15° short of neutral.
Exercises: Exercise bike with boot on. Active plantar flexion with lowest resistance band. Sitting heel rise - no weight bearing (starting position from heel height). Gait training and balance with boot on. Squats (fitness ball behind the back). Other hip and knee exercises without ankle involvement.

Phase III (5-6 wks): *Advance ROM*

Weight bearing: Full in boot.
Brace: Week 5 boot with 1 heel lift, Week 6 no lift.
ROM: Active ROM from maximum to 0° plantar flexion without boot. No dorsiflexion.
Exercises: Exercise bike with boot on. Active plantar flexion in cable machine. Sitting heel rise with weight. Supination, pronation exercises. Expand on above.

Phase IV (7 wks-12 wks): *Wean to regular shoe*

Weight bearing: Full
Brace: Regular shoe with bilateral single heel lift. Can remove heel lifts at 10 weeks. Barefoot activities after 12 weeks.
ROM: No limitation on active ROM to comfort.
Exercises: Active ankle exercises for ROM. Gait training. Standing heel rise (50% on injured side only). Continue above exercises.

Phase V (12 wks to 6 mo): *Advanced activities*

Weight bearing: Full
Brace: None
ROM: No limitation
Exercises: Intensify exercises above. Increase the load gradually from two leg standing heel rises to one leg. Start gentle jogging at 5 months in controlled settings, ideally treadmill.

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Phase VI (after 6 mo): ***Return to full activities slowly***

Running: Proceed to firm stable ground outdoor running if cleared by therapist.

Sports: Return to sport at MD clearance after 6 months.

Frequency: _____x/week x _____weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

_____ Date:_____

Dax Varkey MD, MPH