

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 1-2 weeks in 20° plantar flexion – boot if comfortable

**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.

**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**