

Achilles Tendon Repair

Dr. Eric Caporusso, DPM, Dr. Evan Peissig
 Chippewa Valley Orthopedics & Sports Medicine
 1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B
 Altoona, WI 54720 Chippewa Falls, WI 54729

Patient _____
 DOS _____

WEEKS 1-2	WEEKS 3-4	WEEKS 5-6	WEEKS 7-8	WEEK 9-12+
NWB Large splint in place Heel Slides Quadriceps Sets Gluteal Sets Hip and Knee Open Chain Strengthening Compressive stocking as needed for swelling control. Physical therapy is initiated early to promote blood flow and healing as well as decrease swelling and pain. This should allow for a steady progress of exercise, gait and balance.	WBAT in CAM boot, assistive device as needed Initiate PT, 2-3x/week for edema, decongestive massage, pain control and exercise. After stitches are removed, start gentle scar mobilization. Start pool therapy with occlusive dressing or well healed wound. Gentle AROM and PROM to full for inversion, eversion and plantarflexion. Submax ankle isometrics for DF, Inv, Ev Joint mobilizations for accessory motions Gait training. Hip, Quad and Hamstring Strengthening	WBAT avoiding strong heel strike. ASO with heel lift in supportive shoes. Continue with edema control Exercise Bike PROM to full for dorsiflexion with knee flex, as tolerated. Plantarflexion isometrics Seated to standing BAPS board Ankle isotonic for DF, Inv, Ev Seated heel raises Total Gym or Leg Press with light weights Progress pool therapy PT 2-3x/week	WBAT, avoiding heavy impact at heel. Heel lift in shoe. Progress ROM, accessory joint mobs to full. Dorsiflexion to full, gradually to straight knee. Gastroc-soleus stretching program, progress to unrestricted. Leg Press Plantar flexion isotonic Lateral Step ups Double leg balance Gait activities Progress pool therapy PT 2-3x/week	Single leg balance and proprioception Standing heel raises, double leg to single leg Wall squats/ sits Address functional activity demands. Begin running program at 12 weeks. PT 2x/week with decrease in frequency as tolerated.
Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060				
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