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Achilles Tendon Rupture Rehabilitation Protocol

There is no substitute for common sense.

If you feel you are progressing too quickly or are having pain or any concern with an activity please stop, rest and try to advance again after a couple of days. Call my office if you have any concerns.

<i>Time Frame</i>	<i>Activity</i>
0-2 weeks	Non weight bearing in splint or boot with heel lift (on at all times).
2-4 weeks	Partial weight bearing in boot with crutches and heel lift, PT (active dorsiflexion to neutral). Modalities to control swelling Hip/Knee exercises with no ankle involvement Non-weight bearing exercises (one leg bicycle, arm cycle, etc) Hydrotherapy within motion and weight bearing limitations
4-6 weeks	Progress to weight bearing as tolerated in boot w/ heel lift. Remove bottom wedge. Continue as above
6-8 weeks	Remove heel lift. Weight bearing as tolerated in boot. Active dorsiflexion stretching, slowly. No passive stretching. Graduated resistance exercises (open and closed kinetic chain, functional activities) Proprioceptive and gait retraining Scar mobilization (if operative) May begin biking, elliptical, walking on treadmill/stairmaster
8-12 weeks	Wean from boot. May need crutches when out of boot, if so wean gradually. Continue ROM, strength training and proprioception with PT.
>12 weeks	Advance PT with strength power endurance, plyometric exercise, sport specific training. From here on out, you can generally start pushing to return to full activities. Goal to return to full activities and sport by 6 months.

Beth Israel Deaconess Medical Center Foot and Ankle

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