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## **Rehabilitation Guideline for Achilles Tendon Repair Patient Education**

### **General Anesthesia**

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

### **Wound Care**

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

### **Pain and Swelling**

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

### **Driving**

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left ankle, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right ankle, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

### **Rehabilitation**

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

### **CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR**

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

**Phase I (surgery to 2 weeks after surgery)**

Date: \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>● Rehabilitation appointments 2-3 weeks after surgery</li> <li>● Physician appointment 2 weeks after surgery</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Protection of the surgical tendon</li> <li>● Wound healing</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Continuous use of the boot locked in PF (20-30 degrees)</li> <li>● NWB using crutches - TDWB after 2 week post op appointment</li> <li>● Keep incision site dry</li> <li>● Watch for signs of infection</li> <li>● Avoid long periods of one position of the foot during the first week for healing</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Upper body only</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 2+ weeks post op</li> <li>● All rehabilitation goals have been met</li> </ul>

**Phase II (begin after meeting Phase I criteria, 2-4 weeks after surgery)**

Date: \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>● Rehabilitation appointments are once ever 1-2 weeks</li> <li>● Physician appointment 2 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Normalize gait with WBAT using the boot and crutches</li> <li>● Protection of the surgical site</li> <li>● Active DS to neutral</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● 0-4 weeks <ul style="list-style-type: none"> <li>○ In splint, non-weight bearing</li> </ul> </li> <li>● 4-6 weeks <ul style="list-style-type: none"> <li>○ Walking boot with heel lift in 30 degrees</li> <li>○ Wear boot at all times (even sleeping), may take off for shower/bath</li> <li>○ Touch down WB as tolerated</li> </ul> </li> </ul>
Suggested therapeutic Exercise	<ul style="list-style-type: none"> <li>● Ankle ROM within precautions</li> <li>● Initiate active PF and DF to neutral</li> <li>● Initiate active inversion/eversion below neutral</li> <li>● Isometric ankle inversion, eversion, DF, and sub max PF (no pain)</li> <li>● Open chain hip and core strengthening</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Upper body only</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 6+ weeks post op</li> <li>● No pain in 0 degrees DF</li> <li>● No wound complications</li> </ul>

**Phase III (begin after meeting Phase II criteria, 6-8 weeks after surgery)**

Date: \_\_\_\_\_

Appointment	<ul style="list-style-type: none"> <li>● Rehabilitation appointments once every week</li> <li>● Physician appointment 6 weeks post op</li> </ul>
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Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Normalize gait on level surfaces without boot or heel lift</li> <li>● SL stand with good control for 10 seconds</li> <li>● Active ROM between 5 degrees of DF and 40 degrees PF</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Slowly wean off the boot: progress using smaller heel lifts (1 - 2 ¼ in heel) in tennis shoes for short distances on level surfaces. Gradually remove the heel lifts during 6th and 8th week</li> <li>● Avoid stress on the repair (avoid large movements in sagittal plane; any forceful PF while in DF position; aggressive PROM, and impact)</li> </ul>
Suggested therapeutic exercise	<ul style="list-style-type: none"> <li>● Frontal and sagittal plane stepping drills (side step, cross over step, grapevine)</li> <li>● Active ROM within precautions</li> <li>● Static balance exercises <ul style="list-style-type: none"> <li>○ Begin 2 foot stand- then 2 ft stand on side to side balance board</li> <li>○ Progress to SL</li> </ul> </li> <li>● Ankle strengthening with resistive tubing</li> <li>● Low velocity and partial ROM for functional movements (squat, step back, lunge)</li> <li>● Hip and core strengthening</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Upper extremity circuit training</li> <li>● Low resistance biking or elliptical</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Normal gait mechanics without boot</li> <li>● Squat to 30 degrees knee flexion w/o weight shift using heel lifts to keep ankle DF in neutral</li> <li>● SL stand with good control for 10 seconds</li> <li>● Active ROM b/t 0 degrees DF and 40 degrees of PF</li> </ul>

**Phase IV (begin after meeting Phase III criteria, usually 12 weeks after surgery)      Date: \_\_\_\_\_**

Appointments	<ul style="list-style-type: none"> <li>● Rehabilitation appointments every 1-2 weeks</li> <li>● Physician appointment 10-12 weeks post op</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Normalize gait on all surfaces w/o boot</li> <li>● SL stand w/ good control for 10 seconds</li> <li>● Active ROM b/t 15 degrees DF and 50 degrees PF</li> <li>● Good control and no pain w/ functional movements <ul style="list-style-type: none"> <li>○ Step up/down</li> <li>○ Squat and lunges</li> </ul> </li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Avoid forceful impact activities</li> <li>● Do not perform exercises that create compensations</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>● Frontal and transverse plane agility drills <ul style="list-style-type: none"> <li>○ Low velocity to high</li> <li>○ Gradually add in sagittal plane drills</li> </ul> </li> <li>● Active ankle ROM</li> <li>● Gastroc/ soleus stretching</li> <li>● Multi-plane proprioceptive drills</li> <li>● 1 ft standing nose touches</li> <li>● Ankle strengthening - concentric and eccentric gastroc strengthening</li> <li>● Functional movements</li> <li>● Hip and core strengthening</li> </ul>

Cardiovascular exercise	<ul style="list-style-type: none"> <li>● Stationary bike</li> <li>● Stairmaster</li> <li>● Swimming</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Normal gait mechanics w/o boot</li> <li>● Squat and lunge to 70 degrees knee flexion w/o a weight shift</li> <li>● SL stand with good control for 10 seconds</li> <li>● Active ROM b/t 15 degrees DF and 50 degrees PF</li> </ul>

**Phase V (begin after meeting Phase IV criteria, usually 4 months after surgery)      Date: \_\_\_\_\_**

Appointments	<ul style="list-style-type: none"> <li>● Rehabilitation appointments are once every 1-2 weeks</li> <li>● Physician appointments are based on patient progression</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Good control and no pain with sport/work specific movements, including impact</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Post-activity soreness should resolve in 24 hours</li> <li>● Avoid post-activity swelling</li> <li>● Avoid running with a limp</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>● Impact control exercises beginning 2 ft- 2ft. Progression to 1ft-1ft and then 1ft to the same ft</li> <li>● Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi plane activities</li> <li>● Sport/work specific balance and proprioceptive drills</li> <li>● Hip and core strengthening</li> <li>● Stretching for patient specific imbalances</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Replicate sport/ work specific energy demands</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● Patients released to full RTP based on strength testing, movement control, balance testing, and jump and landing mechanics</li> <li>● Clearance from: <ul style="list-style-type: none"> <li>○ Physical therapy</li> <li>○ Athletic trainer</li> <li>○ Physician</li> </ul> </li> </ul>

**Comments:**

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**Questions: contact our office at 903-729-3214 Opt. 0**

**\*\*Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.\*\***