

The GLSM Achilles Tendon Repair Post-Surgical Rehabilitation Program is an evidence-based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

PHASE I: 0–6 weeks	PHASE II: 6–12 weeks	PHASE III: 12 weeks +
ROM: CAM walker to be worn at all times except for exercise Active PF/DF to neutral, Inv / Ev below neutral if comfortable	ROM: advance to full AROM / AAROM as tolerated; begin passive dorsiflexion stretching	ROM: Full with no limitations
WB: WBAT with crutches 0-2 wks CAM Walker locked at 10 degrees PF 2-6 wks Gradual progression to neutral DF	WB: CAM Walker removed Begin gradual weaning off crutches with progression determined by ability to perform normal gait pattern and resultant pain/swelling Example: wk 6-7 25-50% BW wk 7-8 50-100% BW	WB: Full with no limitations
Modalities: Cryotherapy 4x/day IFC for pain/effusion NMES quadriceps	Modalities: Cryotherapy IFC for pain/effusion NMES quadriceps	Modalities: Cryotherapy NMES quadriceps
<p>RX: Recommendations: Isometrics: M<I painfree pf/df with ROM limits to neutral DF Isotonics: OKC hip, knee CKC hip, knee per WB Proprioception: advance as tolerated within ROM / WB limits.</p> <ul style="list-style-type: none"> • Single / multi direction balance board; seated→double leg <p>Aerobic / Endurance: advance as tolerated within ROM / WB limits; non-impact activities •Kinatron •Concept II •Aquatics •Stationary cycle</p>	<p>RX: Recommendations: Isotonics: OKC hip, knee, ankle CKC hip, knee, ankle •progression of PF through pain free range in 2:2, 2:1, 1:1 fashion (i.e. concentric / eccentric resistance) Isokinetics: progress through exercise continuum slow→fast speeds, submax→max intensity; block at pain- free ROM limits Proprioception: advance as tolerated within pain-free ROM / WB levels *Single plane to multi-plane double leg to single leg *Stork stand eyes open/closed *Ball toss / plyoback Agility / Aerobic Endurance: advance on prn basis for non-impact activities; begin progress low-impact activities on pain-free basis when single leg heel raise attained •Lunges straight / diagonal • Aquatic •Shuttle•Euroglide •VRI plyos •lateral shuffles / cariocas</p>	<p>RX: Recommendations: May progress rehab parameters to full limits as tolerated May advance to progressive running, plyometric, and agility program if isokinetic testing 75% and/or demonstrates 5/5 values for MMT PF (25x single leg heel raise)</p> <hr/> <p>Testing: 12wks Linea Biodex PF/neutral DF 20-24 wks Fxn testing if appropriate</p> <hr/> <p>Return to Work/Sport No pain No effusion Full ROM Isokinetic Strength- 90% Functional Tests – 90% MD approval</p>