
Achilles Repair Post-Operative Protocol

Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____

_____ / Week _____ Weeks

Phase 1

Goals: Wound healing, control swelling

Week 1

1. Postoperative dressing care (post-op splint)
2. Elevate ankle
3. Crutches, non weight bearing

Week 2-3

1. Postoperative splint replaced with tall walking boot with two heel lifts
2. Crutches, non weight bearing
3. Elevate
4. Out of splint 3 times daily for icing and **ACTIVE** ROM

Phase 2

Goals: Progress to full weight bearing, active ROM to at least neutral, early strengthening

Week 4

1. Partial weight bearing
2. Bike with walking boot
3. Out of boot 3 times daily for ice and **active** ROM

Week 5

1. Progress to **MORE** weight bearing with walking boot and heel lifts
2. Biking with walking boot
3. Out of boot 3 times daily for ice and **active** ROM

Week 6 - 8

1. **DICONTINUE CRUTCHES AND** Progress to full weight bearing in walking boot over the next 2 weeks
2. No heel lifts
3. Biking
4. Full active and passive ROM
5. Work with physical therapist on stretching, heel and toe raises, light strengthening

Phase 3

Goals: Progression to a normal shoe, light cardio, normal gait pattern

WEEK 9-12

1. Discontinue use of the walking boot, full weight bearing in a supportive shoe
2. Continue ROM , heel and toe raises, light STRETCHING AND STRENGTHENING
3. Biking and stair climber
4. Ice as needed for swelling

Phase 4

Goals: Progression to full activity without restriction

Months 3-6

1. Continue PROGRESSIVE stretching and strengthening, no restrictions
2. Walk-jog progression (month 4)
3. Sport specific agility (month 5)
4. Progression to full activity (month 6)

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date: _____