Connecticut Orthopaedics

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Sports Medicine/Foot & Ankle

Achilles Rupture
Non-Operative Protocol

Time Frame (Weeks)	Activity
0-2	• Splint, non-weight-bearing with crutches: Immediately for the postoperative group, & immediately after injury in the non-operative group
2-4	• Aircast walking boot with 2-cm heel lift • Partial protected weight-bearing with crutches; progressive increase in weight bearing 25 lbs/week • Active plantar flexion and dorsiflexion to neutral, inversion/eversion below neutral • Modalities to control swelling • Incision mobilization modalities • Knee/hip exercises with no ankle involvement; leg lifts from sitting, prone, or side-lying position • Non-weight-bearing fitness/cardiovascular exercises (bicycling with one leg etc.) • Hydrotherapy (within motion and weight-bearing limitations)
4-6	• Advance to full weight bearing with Aircast boot; wean off crutches • Continue 2-4 week protocol
6-8	• Remove heel lift in boot • Weight-bearing as tolerated • Dorsiflexion stretching, slowly • Graduated resistance exercises (open and closed kinetic chain as well as functional activities) • Proprioceptive and gait retraining • Modalities including ice, heat, and ultrasound, as indicated • Incision mobilization++ • Fitness/cardiovascular exercises to include weight-bearing as tolerated; e.g., bicycling, elliptical machine, walking and/or running on treadmill, StairMaster • Hydrotherapy
8-12	• Wean from boot; 1-cm silicone heel lift in sneaker x 6 weeks (then d/c) • Return to crutches and/or cane if necessary and gradually wean off • Continue to progress range of motion, strength, proprioception
12+	• Continue to progress range of motion, strength, proprioception • Retrain strength, power, endurance • Increase dynamic weight-bearing exercise, include plyometric training • Sport-specific retraining; avoid high impact/pivoting sports for 6 months post-op

Patients are required to wear the boot while sleeping. Patients can remove the boot for bathing and dressing but are required to adhere to the weight-bearing restrictions according to the rehabilitation protocol. If, in the opinion of the physical therapist, scar mobilization is indicated; scar mobilization should be attempted using friction, ultrasound, or stretching (if appropriate). Heat may be applied as indicated before beginning mobilization techniques.