Connecticut Orthopaedics

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Gastrocnemius Recession
Post-Op Protocol

Disorders of the Achilles tendon represent a spectrum of conditions that include painful Achilles tendonitis, gastrocnemius equinus contracture, forefoot and midfoot overload, diabetic foot ulcers, metatarsalgia, hallux valgus, posterior tibial tendon deficiency, and plantar fasciitis. When conservative measures fail to provide relief, surgical intervention may be used. Risks of surgery include intermittent calf cramping as your leg accommodates new tension, calf atrophy, early weakness that improves over time, and possible numbness and tingling along outside of calf and foot.

The goal of gastrocnemius recession is to lengthen the tight heel cord that contributes to the patient's pain and deformity. Following gastrocnemius recession for isolated foot pain, 93% of patients are satisfied with the procedure, 92% would have the opposite leg done if necessary, and 93% would recommend this procedure for isolated foot pain to a friend.1

Please note that this is a general guideline, and may be tailored to specific patient needs and conditions

PHASE 1: Protection and Healing

Goals
Decrease swelling
Provide optimal conditions for wound healing
Initiate gentle ROM activities
Initiate weight bearing

Weeks 0-2

- Boot to protect incision
- Weight bearing as tolerated in boot
- Elevate leg above heart 23 hours/day
- Ince behind knee to control pain and swelling

Weeks 2-3

- Sutures out
- Active motion protocol—begin ankle dorsiflexion/plantar flexion (move ankle up and down) out of boot/splint, 5 minutes, 5 times per day
- PT may begin A/AROM exercises
- Compression stocking to be worn to control swelling along with ice/elevation (16 hours per day)
- Keep incision completely dry for the first 2 weeks; may shower but do NOT immerse in water (no pools, tubs, lakes, oceans, etc) for 6 weeks

PHASE 2: Recovery

Goals:
Return to normal gait pattern
Pain and edema control
Progress functional ROM

Week 2

- Wean from boot to shoes. SLOWLY transition to regular shoe wearing initially around the house, then increase to outside activities
- PT may be progressed to HEP/gym program if gait is normal and pain and edema are minimal
- Initiate static balance activities as tolerated

Week 4

- Initiate gentle passive dorsiflexion at 4 weeks
- Initiate light resistance bands (level 1)
- Continue modalities and manual for pain, desensitization, scar mobility

PHASE 3: Return to Function

Goals:
Improve functional mobility with stairs
Improve tolerance for ambulation
Strength to WNL
ROM to WNL
Progress to return to prior level of activity/sport

Weeks 6-8

- Progress progressive resistance exercises (PRE) as tolerated with focus on eccentric control with plantar flexion
- Progress closed chain activities
- Progress walking program, may progress to walk/job when able to perform minimum 15-20 single leg toe raises with good control
- Non-athletic patients may be discharged to home exercise program (HEP)/Gym program