

ACHILLES TENDON REPAIR WITH FHL/FDL TENDON TRANSFER

RX:

Physical Therapy: 3 times/ week for 6 weeks

1. ROM and stretching left foot and ankle
2. Strengthening program for intrinsic and extrinsic muscles of the foot and ankle, with particular attention to inversions with plantarflexed foot.
3. Instruct in home strengthening program to be performed daily with Theraband
4. Modalities PRN

PHASE 1 (start 4-6 weeks post-op; start time will vary)

- 1) Visit 1 – Patient is evaluated
 - a) Begin ankle ROM exercises: AROM, alphabet, and ankle circles.
 - b) Gait training, in CAM walker WBAT.
 - c) Ice ankle and use compressive stockinette for edema control, and educate patient on icing at home.
- 2) Visits 2 and 3
 - a) Continue with ankle ROM exercises as needed (full ROM should be achieved by 10 weeks post-op; caution in over-stretching the repair into excessive DF beyond neutral to 5 degrees in the first several weeks, not to exceed 10 degrees by week 10, full symmetric DF by 12 to 14 weeks post-op).
 - b) Begin gentle ankle strengthening including manual resistance exercises, 4-direction theraband exercises, and seated DF/PF.
 - c) Begin proprioceptive exercises such as the seated BAPS board.
 - d) Begin aerobic conditioning such as the bike.
- 3) Visits 4 and 5
 - a) Progress the strengthening exercises to include the leg press in CAM walker.
 - b) Address additional strengthening deficits of the involved extremity using machines that may include knee extension machine, hamstring curl machine and multi hip machine.

PHASE 2 (8 to 12 weeks post-op)

- 4) Visits 6 and 7
 - a) Begin progressive weight bearing without the CAM walker, with the use of heel lift.
 - b) Discontinue use of CAM walker in therapy.
 - c) Begin weight bearing proprioceptive exercises on static and dynamic surfaces to include single limb stance exercises, plyoball and 4-way theraband exercises standing on involved limb.
 - d) Address additional gait deficits and abnormalities.
 - e) Advance strengthening activities to include standing heel raises, squats, lunges and step-ups.
- 5) Visits 8 and 9

- a) Continue exercise progression with increased weight bearing with activities in single limb stance and with additional weight.
- b) Advance aerobic conditioning to include the treadmill, stepper, etc.

PHASE 3 (14+ weeks post-op)

- 6) Visits 10 and 11
 - a) Begin sports specific training with sport cord activities including lunges and semicircles.
 - b) Progress difficulty of proprioceptive exercises done on dynamic surfaces only.
- 7) Visits 12, 13, 14
 - a) Begin hopping and jumping drills and other plyometric training for return to sports as appropriate.
 - b) Begin running based on MD clearance.
 - c) Discharge with HEP (to include goal of single heel raise by 6 to 12 months post-op).

DISCHARGE CRITERIA (10-14 visits)

- 1) Normal gait without assistive device or bracing.
- 2) Minimal to no pain with ADLs.
- 3) Minimal to no joint effusion.
- 4) Adequate neuromuscular control and proprioceptive awareness based on ability to perform stabilization exercises and ability to participate in recreational/sport activities.