**Accelerated Non-operative Achilles tendon protocol**

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| **Time Frame** | **Activity** |
| 0-2 weeks | Posterior slab/splint; non-weight-bearing with crutches |
| 2-4 weeks | CAM walking boot with 2-cm heel lift\*† |
|  | Protected weight-bearing with crutches |
|  | 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; e.g., leg lifts from sitting, prone, or side-lying position |
|  | Non-weight-bearing fitness/cardiovascular exercises; e.g., bicycling with one leg, deep-water running |
|  | Hydrotherapy (within motion and weight-bearing limitations) |
| 4-6 weeks | Weight-bearing as tolerated\*† |
|  | Continue 2-4 week protocol |
| 6-8 weeks | Remove heel lift |
|  | 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, Stair machine |
|  | Hydrotherapy |
| 8-12 weeks | Wean off boot |
|  | Return to crutches and/or cane as necessary and gradually wean off |
|  | Continue to progress range of motion, strength, proprioception |
| > 12 weeks | Continue to progress range of motion, strength, proprioception |
|  | Retrain strength, power, endurance |
|  | Increase dynamic weight-bearing exercise, include plyometric training |
|  | Sport-specific retraining |

\* Patients are required to wear the boot while sleeping.

† Patients may remove the boot for bathing and dressing but were required to adhere to the weight-bearing restrictions according to the rehabilitation protocol.

‡ If, in the opinion of the physical therapist, scar mobilization was indicated, appropriate modalities will be added. Ie: friction, ultrasound, heat, or stretching.

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**Operative versus Nonoperative Treatment of Acute Achilles Tendon Ruptures: A Multicenter Randomized Trial Using Accelerated Functional Rehabilitation**  Kevin Willits, Annunziato Amendola, Dianne Bryant, Nicholas G. Mohtadi, J. Robert Giffin, Peter Fowler, Crystal O. Kean and Alexandra Kirkley

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