

Grant H Garcia, MD
 2409 North 45th Street,
 Seattle, WA 98103
 Wallingford: 206-633-8100
 Ballard: 206-784-8833



Achilles Tendon Repair (Indiana Protocol) PT Protocol

0-2 weeks

Posterior slab/splint; non-weight-bearing with crutches: immed. postop. in surgical group

2-4 weeks

Aircast 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, StairMaster
 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
 Increase dynamic weight-bearing exercise, include plyometric training
 Sport-specific retraining

*Patients were required to wear the boot while sleeping. +Patients could 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 (i.e., the scar was

tight or not moving well), the physical therapist would attempt to mobilize using friction, ultrasound, or stretching (if appropriate). In many cases, heat was applied before beginning mobilization techniques.