



Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

Jonathan Watson, MD

REHABILITATION PROTOCOL- Nonoperative Achilles tendinopathy

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

PHASE 1 (~2-4 weeks)

REHAB GOALS	<ol style="list-style-type: none"> 1. Minimize swelling & pain 2. Normalize gait 3. Restore ROM
PRECAUTIONS	<ol style="list-style-type: none"> 1. Ice/modalities as needed for pain
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Soft tissue techniques/mobilizations/modalities as needed ○ Static & dynamic gastroc & soleus stretches
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ As above ○ Resistance band/heel drop eccentric exercises ○ Core & LE strengthening- hip, thigh ○ Balance & proprioception- double leg balance, progress to single leg
CARDIOVASCULAR EXERCISE	UBE, swimming
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Decreased pain ○ Full ROM ○ Normal gait

PHASE 2 (~4-12 weeks)

REHAB GOALS	<ol style="list-style-type: none"> 1. Progress strengthening, balance 2. Minimize pain and swelling
PRECAUTIONS	<ol style="list-style-type: none"> 1. Can discontinue knee brace if no extensor lag and normal gait without brace or assistive device 2. Ice as needed after activity

RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 ○ Soft tissue mobilizations/techniques as needed
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Balance/proprioception- progress to single leg, unstable surface ○ LE strengthening- progress to split squats, double & single leg deadlifts, sagittal plane lunges, step ups ○ Begin dorsiflexion/plantarflexion/eversion/inversion strengthening ○ Plyometrics- gravity/weight bearing reduced (pool/total gym/shuttle) ○ Form walking
CARDIOVASCULAR EXERCISE	Continue phase 1
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ 5/5 LE strength ○ Symmetrical single leg squat & lunge ○ Pain free heel raise x 15 ○ Pain free single leg hop x 5

PHASE 3 (~3+ months)

REHAB GOALS	<ul style="list-style-type: none"> ○ Progress strengthening & LE drills ○ Minimize pain, inflammation ○ Return to sport/work
PRECAUTIONS	
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2. ○ Sport specific stretches as needed
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2 ○ Progress weight/ resistance from phase 2 activities ○ Progress single leg balance to unstable surface, perturbations, etc, incorporate dynamic activities ○ Plyometrics- begin with double leg activities, jumps, progress to single leg ○ Agility/sport specific training- start multidirectional movements, reaction drills
CARDIOVASCULAR EXERCISE	Continue phase 2, elliptical. Walk/jog progression if pain free. Progress to sprinting if running pain free for 2 miles
PROGRESSION	<ul style="list-style-type: none"> ○ Full pain free active & passive ROM ○ No pain/swelling

CRITERIA- RETURN TO SPORT	<ul style="list-style-type: none">○ LE strength 90% of contralateral○ Normal single leg balance○ Pass sport specific program○ Physician clearance
----------------------------------	--