

Percutaneous Achilles Tendon Repair Rehab Protocol

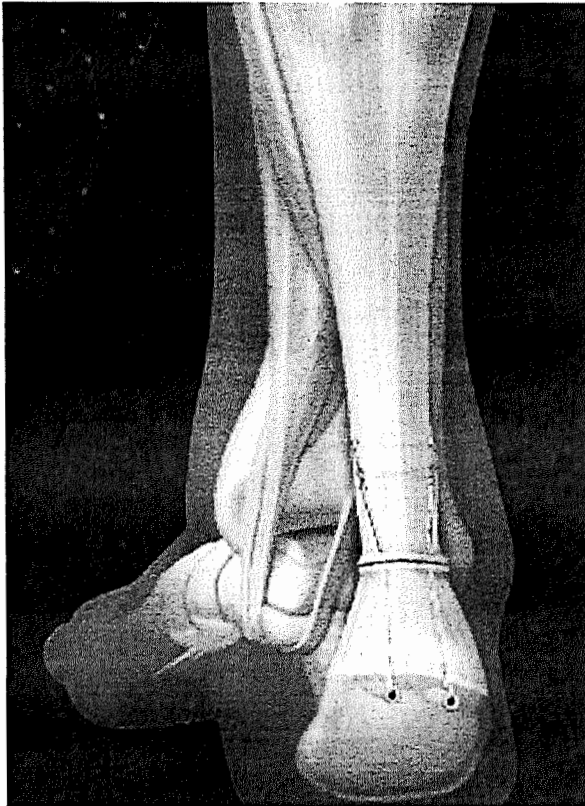
Eugene Curry, M.D.

The Carrell Clinic, Dallas, TX

www.wbcarrellclinic.com

214-220-2468

Knotless Achilles Repair Technique



- Percutaneous repair (almost – 3 cm incision required)
- Minimal dissection
- Locked sutures in the proximal part of the tendon
- Sutures are secured distally to the calcaneus with two absorbable anchors
- Accelerated rehab protocol
- Further resources:

http://www.arthrex.com/resources/video/alzAyy_bb0CgmwFBFC30hw/midsubstance-achilles-knotless-speedbridge-repair

Functional Achilles Rehab Protocol

Time Frame Activity

- 0-1 weeks

Posterior/Anterior splint; non-weight-bearing with crutches immediately postoperatively

- 1-4 weeks

Bledsoe/Aircast walking boot with 3 or 4 2.5-cm heel lifts*†

Begin removing 1 wedge per week starting on week 2

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)

Functional Achilles Rehab Protocol

- 4-6 weeks

Weight-bearing as tolerated*†

Continue 1-4 week protocol

Remove last heel lift

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 on treadmill, StairMaster

Hydrotherapy

Functional Achilles Rehab Protocol

- 6-8 weeks
 - Wean off boot
 - Return to crutches and/or cane as necessary and gradually wean off
 - Continue to progress range of motion, strength, proprioception
- 8-12 weeks
 - Continue to progress range of motion, strength, proprioception
 - Retrain strength, power, endurance with the dynamic weight-bearing exercise, include plyometric training
- >12 weeks
 - Running
 - Sport-specific retraining

*Patients are required to wear the boot while sleeping.

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

‡If, in the opinion of the physical therapist, scar mobilization is indicated (i.e., the scar was tight or not moving well), the physical therapist may attempt to mobilize using friction, ultrasound, or stretching (if appropriate). In many cases, heat may be applied before beginning mobilization techniques.