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Achilles Tendon and Haglund Repair

For the Clinician: The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation for the patients who undergo therapy for a Achilles tendon rupture or Haglund deformity repair. It is not intended to be a substitute for clinical decision making regarding the progression of a patient's post-operative course based on their examination/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

For the Patient: The timeframes for expected outcomes contained within this guideline may vary from patient to patient based on individual differences, surgical techniques, surgeon's preference, additional procedures performed, and/or complications. Compliance with all the recommendations provided by your physician and physical therapist as well as your active participation in all parts of the rehabilitation process, are essential to optimizing the success of your procedure.

0-2 Weeks:

- -Edema management
- -Gait training and safety
- -Education/modifications for ADLs
- AROM of hip and knee
- Rest and elevation of the involved lower extremity above the heart as much as possible throughout the day

2-4 weeks

- -Incision/scar inspection: Patient should use Mederma Scar cream or Vitamin E to incision sites daily
- -Exercises and hands-on techniques (by the PT) for ankle active and passive range of motion (AROM, PROM) with attention to hand placement to avoid pressure on surgical sites
- -Strengthening for core, hips, knees (maintain precautions)



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- -Scar mobilization once incisions are fully healed
- Ice per protocol. Elevated of lower extremity above waist

4-6 weeks

6-12 weeks