DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

# Achilles Tendon Repair

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

| Patient Name | Date of Surgery | Prescribing Surgeon |
|---|---|---|
| | | Dr. Kaisen Yao, MD |

## General Guidelines & Precautions

- Non-weight bearing in a splint or boot with the foot positioned in slight plantarflexion is typical for the first 2 weeks to protect the repair.
- Weight bearing and ankle position are then progressed gradually in the boot with heel lifts, per surgeon protocol — avoid rushing dorsiflexion range of motion.
- Prioritize swelling control with ice, compression, and elevation.
- Contact the surgeon for fever, excessive drainage, uncontrolled pain, calf pain, or rapidly increasing swelling.

**PHASE I**
## Protected Immobilization

**TIMEFRAME**
## WEEKS 0–2

**Goals:**
Protect the repair, control pain and swelling, and maintain hip/knee mobility.

**Precautions:**
Non-weight bearing in a splint or boot with the ankle held in slight plantarflexion; no active dorsiflexion or stretching of the calf.

**Interventions:**
Cryotherapy, compression, elevation, toe range of motion, and hip/knee strengthening that does not stress the ankle.

**Criteria to Progress:**
Incision healing well and pain controlled.

PHASE II

## Progressive Weight Bearing

TIMEFRAME

**WEEKS 2–6**

**Goals:**
Progress to weight bearing as tolerated in the boot with heel lifts, and gradually reduce plantarflexion positioning per protocol.

**Interventions:**
Progressive weight bearing in the boot, gentle active range of motion within safe limits (avoiding aggressive dorsiflexion), and gait training.

**Precautions:**
Avoid active dorsiflexion past neutral and aggressive calf stretching until cleared.

**Criteria to Progress:**
Full weight bearing in the boot and progressing ankle position per protocol.

PHASE III

## Motion & Early Strengthening

TIMEFRAME

**WEEKS 6–12**

**Goals:**
Wean out of the boot, restore full range of motion, and begin progressive calf strengthening.

**Interventions:**
Progressive dorsiflexion range of motion, gentle calf strengthening (isometric progressing to concentric), stationary bike, balance and proprioception drills, and gait normalization.

**Criteria to Progress:**
Full weight bearing without the boot, improving range of motion, and minimal pain.

PHASE IV

## Return to Running & Sport

TIMEFRAME

**4–9 MONTHS**

**Goals:**
Restore full calf strength and endurance, and safely progress running and sport-specific activity.

**Interventions:**
Progressive resistance calf raises (bilateral to single-leg), criterion-based walk-jog progression, plyometrics as strength allows, and sport-specific retraining.

**Return to Sport/Work:**
Running typically begins around 4–5 months and higher-level cutting or jumping sports later, following surgeon and therapist clearance based on calf strength symmetry.

**Discharge Criteria:**

Full pain-free range of motion, symmetrical single-leg heel-raise strength and endurance, and safe mechanics during advanced dynamic tasks.

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This protocol is a general guideline. Because Achilles healing is time- and tension-sensitive, progression must be individualized by the treating physical therapist in coordination with Dr. Yao's office.