



Achilles Tendon Rupture

0-2 weeks:

- Post-operatively, the patient is placed in a flexed splint at 45 degrees of plantarflexion (meaning the top of the foot is pointed away from the affected leg).
- Non weight bearing using crutches

2-6 Weeks:

- The patient will begin protected weight bearing with crutches, meaning the patient can begin to bear weight on the affected limb only with the support of crutches.
- At 2 weeks post-operation, the patient will transition from the splint to a plantarflexion hinged boot locked to only allow 30-45 degrees of plantarflexion, allowing for an extra 15 degrees of dorsiflexion (meaning the foot is pointing up towards the foot 15 degrees more than before).
- At 4 weeks post-operation, the boot will be locked from 15-45 degrees of dorsiflexion, allowing for another 15 degrees of dorsiflexion
- At 6 weeks post-operation, the boot will be locked from neutral (0)-45 degrees of dorsiflexion, allowing for another 15 degrees of dorsiflexion

6-8 Weeks:

- Continue protected weight bearing with crutches in the hinged walking boot, locked at neutral (0)-45 degrees of dorsiflexion.
- Begin physical therapy at this time including proprioceptive and gait retraining, slowly start dorsiflexion stretching, and use modalities including ice, heat, and ultrasound as indicated.

8-12 Weeks:

- Wean out of the boot and into an ASO ankle brace
- Continue to progress range of motion, strength, and proprioception

>12 weeks:

- Continue to progress range of motion, strength, and proprioception
- Retrain strength, power, and endurance
- Increase dynamic weight bearing exercise, including plyometric training
- Wean out of the ASO brace entirely



This protocol provides a general guideline and could change depending on each individual's progression, but it's important to follow the specific instructions and recommendations given by your surgeon and physical therapist. For any other questions, concerns, or updates, please call our office to discuss with the medical assistant.

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