SOUTH BEND ORTHOPAEDICS

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Patient name:
Date of Surgery:
Surgery performed:

Tyler McGregor D.O.
General Ortho and Sports Medicine
South Bend Orthopaedics
Achilles Tendon Repair
Post-operative Instructions and Rehabilitation Protocol

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

General information

Pain Medication:

- Narcotic Pain Medication is best utilized for acute pain and for short durations. It is given to allow for tolerable discomfort.
- ONE prescription of narcotic pain medication is typically sufficient after these procedures. Hydrocodone/acetaminophen (7.5/325 mg) may be taken 1 time every 6 hours as needed for pain. A maximum of 4 tablets may be taken in a given day. A total of 20 tablets will be prescribed.
- Common side effects of narcotic medication include: flushing, dizziness, nausea, drowsiness, constipation, delirium. If you are using narcotics, minimize constipation by drinking adequate amounts of water and consuming a high-fiber diet. A stool softener such as docusate and/or a GI motility agent such as senna may be purchased over the counter as well.
- DO NOT operate a motor vehicle or heavy machinery while under the influence of narcotic medication.
- Alternatives to narcotic pain medication include ibuprofen (600 mg every 6-8 hours) and Tylenol. You may take ibuprofen in conjunction with Norco if you are having breakthrough pain. **Tylenol is not to be taken with Norco**.

Minimizing Risk for Deep Vein Thromboses (DVT, blood clots)

- Blood clots in the extremities (DVT) or lungs (pulmonary embolism- PE) are possible after having surgery due to decreased mobility. If a blood clot travels out of the extremities and into the lungs, it can be a serious and life-threatening condition. Concerning symptoms include calf pain, leg foot and swelling, shortness of breath, increased breathing or heart-rate and fever.
- Mechanical methods for preventing DVT include contracting (flexing) the muscles of the legs, including the calves, quadriceps and gluteals. These should be done 10-15 times per hour while awake.
- Compressive TED stockings may be placed on your legs after surgery.

- **Aspirin 325mg is recommended once per day for 4 weeks following surgery**. Patients with allergies sensitivities or other contraindications to aspirin or other anti-coagulation agents should not take aspirin and should consult with their surgeon and/or primary doctor.
- Contraceptive medications should be temporarily suspended for 6 weeks after surgery.
- Avoid prolonged sitting, laying down, immobility and long distance travel immediately after surgery, as this may increase the likelihood of DVT as well.

Return to Driving:
- You **must** be off of narcotic pain medication to resume driving.
- You must feel safe and comfortable behind the wheel. You must be confident in moving your foot from the gas pedal to the brake with ease.
- Research suggests that it takes up to 6-9 weeks after the initiation of weight-bearing, if your surgery involved your RIGHT LEG, to regain reaction time after having general anesthesia.

Immediate postop
- Ice/elevate 20 minutes every hour while awake
- gentle toe flexion/extension hourly
- **Non-weight bearing to operative extremity with crutches, walker, wheelchair or rolling scooter**
- **Maintain postoperative dressing – keep clean and dry**
- **Take pain medication as prescribed**

Postop Visit #1: 10-14 days after surgery
- Postop split removal – placed into CAM walker boot
  - **Boot at 30° plantar flexion with heel wedges**
  - Ok to remove boot for therapy and showering
- Continue ice/elevation for pain and swelling control
  - Do not apply ice directly to skin
- Wound check
  - Steri-strips placed. Allow these to fall off on their own.
  - **Do not submerge the limb underwater in a bath, swimming pool or any other body of water until the incisions are completely healed, typically 4-6 weeks following surgery**. Premature submersion may lead to infection.
  - SPF 30 or greater is recommended over the incisions for the first year to minimize darkening of the scar.

Phase I (Weeks 0-2)
- **Weight bearing:** Non-weight bearing using crutches
- Patient in plantarflexion splint immediately postoperatively
- **No Formal PT**

Phase II (Weeks 2-6)
- **Weight bearing:**
  - Weeks 2-4: Partial with crutches or roll-about in ROM Walker Boot with Heel Wedges
  - Weeks 4-6: As tolerated with crutches In boot with Heel wedges. Roll-about ok for longer distances.
  - first wedge removed at 4 weeks, second wedge removed at 6 weeks

- **Brace: ROM Walker Boot at all times except showering and when working with formal PT.**
  Weeks 2-4: ROM walker set at 30-20° plantar flexion
  Weeks 4-6: ROM walker set at 20-10° plantar flexion
- **Range of Motion –** passive/active/active assist ankle range of motion from full plantar flexion to neutral (NO DORSIFLEXION PAST NEUTRAL), Inversion/Eversion, Toe Flexion/Extension
- **Therapeutic Exercises**
  - **Weeks 2-4**
    - Isometrics x 3 No Plantar flexion (PF)
    - Gentle active DF, INV, EV
    - Passive PF to tolerance – sit with leg in dependent position
    - SLR x 4 with weight mid-calf
    - Short arc quad (SAQ)
  - **Weeks 4-6**
    - **No active plantar flexion until 6 weeks**
    - Isometrics x 4
    - Towel crunches and side-to-side
    - Mini-squats, Wall squats, Total gym in walking boot
    - Stationary bike in walking boot with the heel on the pedal
  - Soft tissue mobilization/scar massage/desensitization/edema control

<u>Post-op Visit #2 – 6 weeks after surgery</u>

Phase III (Weeks 6-12)

- **Weight bearing:** full weight bearing. Discontinue crutches once gait normalized.
- **Brace:**
  Weeks 6-8: ROM walker boot set at 10-0° plantar flexion. Taper to ambulating outside of boot at home, only if range of motion acceptable and directed by physical therapist and/or surgeon. OK to Sleep without boot.
  Week 8 -10: Neutral. Boot worn only outside the home if ROM normalized.
  Week 10 – discontinue boot
- **Range of Motion** – PROM/AROM/AAROM of the ankle – progressive dorsiflexion – 10° intervals (10° of dorsiflexion by post-op week 8, 20° by week 10, 30° by week 12)
- **Therapeutic Exercises**
  - hydrotherapy
  - Single leg eccentric lowering
  - Step-ups, side steps
  - Proprioception exercises – balance board
  - Standing double leg heel raises and other closed chain exercises by week 10

<u>Post op Visit #3 – 12 weeks after surgery</u>

Phase IV (Months 3-6)

- Progress with strengthening, Proprioception and gait training activities
- Elliptical

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- Lunges, movement preparation, functional warm up
- Light jogging, single leg press, eccentric drops at 14 weeks
- Running/cutting/agility/gentle plyometrics gradual between 16-20 weeks
- **Return to sports no earlier than 6 months**

Post-op Visit #4 – 5 Months postop

- Plan to initiate return to sport protocol and specific motions based on desired return to function