

Rehabilitation after surgery for achilles tendon rupture

This document gives you information about what to expect from your early recovery. It is also intended as a guide for your longer-term rehabilitation after Achilles surgery, which you can use in conjunction with a physiotherapist from around 8 weeks after surgery.

After surgery

- You will have a plaster backslab applied to your leg after surgery. This helps the surgical wound heal and supports the tendon repair.
- You should be taking a blood thinning medication such as dalteparin to prevent blood clots.
- Minimise your activity and elevate your foot.
- Keep moving your toes, knee and hip, your achilles repair will be safe in plaster whilst you do this.

1-2 weeks after surgery

- You will be seen in the clinic and changed to a removable vacoped boot.
- You may start to walk on the repair in the boot with the boot fixed 30 degrees on the scale at the back of the boot.
- You should not remove the boot at night.
- Keep your knee, hip and toes moving.
- You do not need other physio at this stage.
- You may remove the boot each day from 2 to 8 weeks after surgery to bathe your foot, whilst keeping your toes pointed down.





2-8 weeks after surgery

- Increase your walking, you do not need to use crutches if you are comfortable without.
- At 4 weeks change the setting on the back of the boot using the boot key by one notch each day in order to reach 15 degrees by week 6.
- At 6 weeks change the setting on the back of the boot by one notch each day to achieve 0 degrees by week 8.
- You can to change the boot to the smaller foot plate provided as your ankle becomes more mobile.
- Continue to use the boot at night.
- Continue blood thinning medication (dalteparin) until 4 weeks after surgery.
- You will be reviewed in the clinic at between 6 and 8 weeks after surgery.

8 weeks to 12 weeks

- You should be wearing your boot when walking.
- You may start physiotherapy to begin strengthening the calf muscle.
- Avoid stretching the calf muscle before 12 weeks after surgery.
- Physio should focus on achieving a foot which can be comfortably placed flat to the floor. You should avoid strength work.

12 weeks to 14 weeks

- You may be back in your normal shoes, but avoid completely flat shoes for another 6 weeks.
- Physio should focus on weightbearing stretches, gait re-education and light strengthening exercises e.g. seated calf raises or cautious theraband use.
- You should avoid isolated single leg strength work.

14 weeks to 20 weeks

- Continue to avoid single leg calf raises, impact activity (such as running).
- Physio should focus on supported strengthening with exercises such as bilateral calf raises, cycling and walking (no incline), hamstring curls, small range lunges.



- Commence proprioceptive exercises such as single leg standing.

20 weeks to 8 months

- Work on regaining normal movement.
- Aim for achieving gastroc strength of 80% of the other side.
- Return to jogging/running.
- Work on increasing endurance and return to sport-specific activity.
- Avoid single leg heel raises until 6 months post-injury.

20 weeks to 8 months

- Active single leg heel raises .
- Return to normal activity.
- No restrictions on activity.
- Work on regaining pre-injury strength.