
Achilles Repair Rehab Protocol

Name: _____ Date: ____/____/____

Weeks 0 to 2

- **Weight Bearing Status:** Non-weight bearing
- **Orthosis:** Cast in neutral/plantar flexion 20 to 30 degrees
- **Range of Motion:** Nil ankle but knee and hip range of motion (ROM)

Weeks 2 to 4

- **Weight Bearing Status:** Touch weight bearing 25 to 50 percent
- **Orthosis:** 10 to 20 degrees plantar flexion in ROM brace
- **Range of Motion:** 0 degrees full plantarflexion, eversion and inversion in plantarflexion

Weeks 4 to 6

- **Weight Bearing Status:** Touch weight bearing 50 to 75 percent
- **Orthosis:** Moonboot in neutral or heel raise 2 to 4 cm
- **Range of Motion:** 0 degrees full plantarflexion, eversion and inversion in plantarflexion

Weeks 6 to 8

- **Weight Bearing Status:** As tolerated 100 percent
- **Orthosis:** Moonboot in neutral
- **Range of Motion:** 5 degrees of dorsiflexion to 40 degrees of plantarflexion; active range of motion (AROM)

Week 8 to Month 3

- **Weight Bearing Status:** As tolerated
- **Orthosis:** Moonboot in neutral
- **Range of Motion:** AROM between 15 degrees dorsiflexion to 50 degrees of plantarflexion

Month 3 and Beyond

- **Weight Bearing Status:** As tolerated
- **Orthosis:** Normal shoe
- **Range of Motion:** Avoid running with a limp and post-activity swelling