Dr. Hjelm's Non-Operative Achilles Rupture Protocol

TIMEFRAME	TREATMENT	GOALS
PHASE I Weeks 0-2	• Patient casted in maximum planter flexion • NWB, using appropriate assistive device	• Appropriate functional mobility maintaining NWB. • Proper and safe use of assistive device.
PHASE II Weeks 2-8	• Placed in CAM walker with heel lifts • Emphasize pain free mobility • Avoid PROM ankle DF past neutral • Weight bearing progression with heel lifts - Week 2-3: 25% Body Weight - Week 3-4: 50% Body Weight - Week 4-5: 75% Body Weight - Week 5-6: 100% Body Weight • Gait training in CAM at 6 weeks (remove heel lifts 1 per week) • HEP: Active PF and DF to neutral, Inv/Ev below neutral, knee and hip strengthening. 6 weeks – progress resisted open and closed chain strengthening	• Good tolerance of weight bearing progression with no pain. • Normal gait progressing to FWB in CAM. • Full knee AROM, minimal edema, minimal pain.
PHASE III Weeks 8-12	• Wean out of CAM walker, compression brace as needed for swelling, shoes at all times • Exercises: progress bike, elliptical, walking, balance, and proprioceptive exercises as tolerated • Add gentle calf stretching in standing to neutral • Double leg to single leg heel raises to neutral • Loaded lunges, squats, step ups as tolerated	• Progression of ROM, strength, and proprioception. • FWB without CAM walker with normal gait. • Complete double leg heel raises with minimal pain.
PHASE IV Weeks 12+	• Avoid excessive stretching and pain for 6 months • 16+ weeks: begin plyometrics and jogging once they can do 25 single leg heel raises • 6-9 months: Return to sports without contact if 80% strength • 12 months: Return to sports once cleared by MD if 100% strength • Functional Hopping/Return to Sport Testing	• Patient regains 80-100% strength. • Able to complete single leg heel raises. • Proper gait mechanics and non-antalgic hopping/jogging. • Full Return to Sport when able. • Able to complete double leg heel raises.

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