

Achilles Tendon Rupture Protocol

This information leaflet has been produced to provide our patients with an overview of their condition and what treatments they may expect. However, each person is different and the treatment you are offered will depend on your unique circumstances.



Stanmore
Foot & Ankle
Specialists





Whether you have surgery or are managed non-operatively, physiotherapy and appropriate position of your ankle at all times are key to your recovery.

We work closely with physiotherapists to make sure that you get an evidence-based rehabilitation protocol which is proven to have effective results.





In the initial phase of treatment you will often be treated in a cast to ensure your foot is pointing downward and the ends of your Achilles tendon are together.

As part of this we use the **VACOped boot**. This is a boot which ensures that the downward positioning of your foot occurs at the correct place. Over the weeks this boot can be adjusted to bring your foot gradually into a flatter position.

Your physiotherapist will help you adjust the boot and help you progress through your weightbearing and exercises. **Everyone progresses at a different pace and your treatment will be customised according to how well you are healing.** However, the below protocol will give you an idea of what to expect.

Treatment week	1	2	3	4	5	6	7	8	9	10	11	12
Achilles Tendon Rupture (surgical and non-surgical)												
	Plaster of Paris Equinus		VACOped 30°		VACOped 15°-30°		VACOped 0°-30°		VACOped -10°-30°		Wean from orthosis	
	Elevation. Toe and knee exs. Global strength exs. (e.g. straight leg raise exs.). Static calf contractions		WBAT with elbow crutches. Sole removed for bed. Continue global strengthening		WBAT with elbow crutches. Isometric bilat. standing & seated heel raises (in VACOped)		Progress to FWB. Change of sole (plus minus heel wedge in the shoe). Isometric theraband exercises (0-30°PF). Through range standing & seated PF in VACOped		FWB. Progress walking tolerance/endurance and exercises		Consider heel raise in shoe if required. Progress frequency, volume, resistance of strength exercises. Take care not to over dorsiflex (bring foot up)	

Key:

- Phase 1** Non-weight bearing
- Phase 2** Weight-bearing as tolerated
- Phase 3** Fully weight-bearing
-  Open range of motion for joint mobility
-  Fixed at 90 degrees
-  Physiotherapy
-  Achill-sole





Stanmore
Foot & Ankle
Specialists

**Stanmore Foot & Ankle
Specialists**

sfas@ppm-pa.com
+44 (0) 2081 5333 98

Mr Nicholas Cullen

mrcullenpa@ppm-pa.com
+44 (0) 2045 5378 28
<https://www.nickcullen.com/>

Mr Karan Malhotra

pa@malhotrafootandankle.com
+44 (0) 7547 3952 78
<https://malhotrafootandankle.com/>

Mr Matthew Welck

secretary@matthewwelck.com
+44 (0) 7547 3952 70
<https://matthewwelck.com/>