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TABLE E-1 Achilles Tendon Rupture Rehabilitation Protocol

	hilles Tendon Rupture Rehabilitation Protocol	
Time Frame	J	
0-2 weeks	Posterior slab/splint; non-weight-bearing with crutches: immed. postop. in surgical	
	group, after injury in nonop. group	
2-4 weeks	Aircast walking boot with 2-cm heel lift*†	
	Protected weight-bearing with crutches	
	Active plantar flexion and dorsiflexion to neutral, inversion/eversion below neutral	
	Modalities to control swelling	
	Incision mobilization modalities‡	
	Knee/hip exercises with no ankle involvement; e.g., leg lifts from sitting, prone, or	
	side-lying position	
	Non-weight-bearing fitness/cardiovascular exercises; e.g., bicycling with one leg,	
	deep-water running	
	Hydrotherapy (within motion and weight-bearing limitations)	
4-6 weeks	Weight-bearing as tolerated*†	
	Continue 2-4 week protocol	
6-8 weeks	Remove heel lift	
	Weight-bearing as tolerated*†	
	Dorsiflexion stretching, slowly	
	Graduated resistance exercises (open and closed kinetic chain as well as functional	
	activities)	
	Proprioceptive and gait retraining	
	Modalities including ice, heat, and ultrasound, as indicated	
	Incision mobilization:	
	Fitness/cardiovascular exercises to include weight-bearing as tolerated; e.g., bicycling,	
	elliptical machine, walking and/or running on treadmill, StairMaster	
	Hydrotherapy	
8-12 weeks	Wean off boot	
	Return to crutches and/or cane as necessary and gradually wean off	
	Continue to progress range of motion, strength, proprioception	
>12 weeks	Continue to progress range of motion, strength, proprioception	
	Retrain strength, power, endurance	
	Increase dynamic weight-bearing exercise, include plyometric training	
	Sport-specific retraining	
*D-4:4		

^{*}Patients were required to wear the boot while sleeping. †Patients could remove the boot for bathing and dressing but were required to adhere to the weight-bearing restrictions according to the rehabilitation protocol. ‡If, in the opinion of the physical therapist, scar mobilization was indicated (i.e., the scar was tight or not moving well), the physical therapist would attempt to mobilize using friction, ultrasound, or stretching (if appropriate). In many cases, heat was applied before beginning mobilization techniques.

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TABLE E-2 Activity at Time of Injury

	No. of
Sport	Patients
Racket sport	24
Basketball	18
Soccer	15
Baseball	12
Volleyball	12
Football	9
Ascending/descending	8
stairs	
Pushing a heavy	4
object	
Trip and fall	3
Martial arts	3
Other	20