GENESIS ORTHOPEDICS & SPORTS MEDICINE

Nolan Horner, MD

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Achilles Repair

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- Cold therapy – This will greatly reduce pain and will help with swelling for the first three days.
    - You may use it 20 minutes on, 20 minutes off, as often as you wish.
    - Always keep a cloth barrier, such as a towel, between the cold and your skin.

Medications

- For anticoagulation—if you are >19yo, you must take one 81mg aspirin twice a day for two weeks to help prevent blood clots
- For antiinflammation – meloxicam 15mg once a day for four weeks as tolerated for post-op inflammation
- For nausea – Zofran (ondansetron) as needed. This was sent to your pharmacy on file.
- For pain – a narcotic pain medication (Norco) will be prescribed for you if it is deemed safe with your history and allergies. Due to risk of addiction, use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.
- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.

Activity

- Non-weightbearing for the first 2-4 weeks
    - Need crutches and splint/cast at all times
- Please keep the splint on while sleeping
- No driving until further notice. We will discuss this at your first post-op.

Wound Care

- You will be placed in a cast or splint post-op. You have an incision at the back of your ankle at the achilles. If you are in a cast, it will be taken off at 2-4 weeks post-op and we will check the incision then.
- If you are in a cast/splint post-operatively, please do not remove or touch it. It will be removed at your first post-operative appointment by our staff.
    - Do not get the cast/splint wet—this means leaving the leg out for showering, covering with a bag, etc.
- If the cast feels too tight, call our office and we can see you earlier than your first post-op visit. We may have to split the cast.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy Protocol

- Week 0-1
  - NWB with splint at all times
  - Daily icing, compression, elevation
- Weeks 1-3
  - WB Status
    - NWB with splint at all times and begin to transition to CAM with wedge
  - No push off or toe-touch
  - Manual
    - Soft tissue mobilization to ankle/foot/effleurage for edema
    - Avoid direct palpation to surgical wound
  - Exercises
    - Toe curls, toe spreads, gentle foot movement in boot, SLR, knee flexion/extension
  - Goals
    - Decrease pain, edema
- Weeks 3-8
  - WB status
    - Gradually increase WB from TTWB to partial as tolerated as able per ROM
    - Progress to FWBAT after 6w
    - Walking boot with wedges at 30 degrees at 3w and adjust down 10 degrees per week
  - Manual
    - Soft tissue mobilization to ankle/foot/effleurage for edema
    - Can begin scar mobilization at 4w if incision completely healed
    - Gentle PROM for dorsiflexion but not past neutral, inversion, eversion as tolerated
  - Exercises
    - SLR, side-lying hip abduction, straight legged bridges
    - Isometrics of uninvolved muscles
    - Light active dorsiflexion of the ankle until gentle stretch of Achilles after 4w
    - Can begin to increase intensity and range of isometrics of Achilles within boot
    - Can increase PROM and stretch of Achilles after 6w
    - Proprioception exercises, intrinsic muscle strengthening, PNF patterns for hip and knee (not achilles)
    - Stationary cycling with heel push only at 6w
  - Goals
    - 0 degree dorsiflexion
    - FWB in boot at 6w
- Weeks 8-12
  - WB status

        - Can wear shoes with a heel (¼" heel lift in shoes) after 8w, FWB
        - Wean into regular shoe at weeks 10-12
    - Manual
        - Continue with soft tissue mobilization, range of motion, joint mobilizations
    - Exercises
        - Begin and gradually increase active/resistive exercises of the Achilles (submaximal isometrics, cautious isotonics, Theraband)
        - Progress to cycline in shoe, swimming
    - Goals
        - Full ROM of ankle
        - Tolerate regular shoe, good gait mechanics
- Months 3-6
    - WB status
        - Wean off heel lifts
    - Exercises
        - Closed chain exercises: controlled squats, lunges, bilateral calf raise (progress to unilateral), toe raises, controlled slow eccentrics vs body weight
        - Cycling, VersaClimber, rowing machine, Nordic Track
        - Unless excessive fibrosis present, can be d/c into HEP
    - Goals
        - Complete and test Sport Test 1
        - 5/5 strength
        - Able to perform single leg calf raise
- Months 6-8
    - Progres training jogging/running, jumping and eccentric loading exercises, noncompetitive sporting activities, sports-simulated exercises
- Month 8-9
    - Return to physically demanding sport and/or work
- Criteria for return to sports/full activities
    - Full functional ROM
    - No pain or swelling with functional activities
    - Good core control and balance/proprioception