



Achilles Repair

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). 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 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 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

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

****PT will start at 2-3 weeks post op (after first post op visit)****

- 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, or covering the entire splint with a bag/ plastic wrap/ 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.
- Do not worry about incision care or looking at the incision, we DO NOT want you removing the dressings
 - We will evaluate the incision at your first post op visit

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 to avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy Protocol

PT will start 2-3 weeks post op

- Week 0-1
 - NWB with splint at all times

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Phone # 630.377.1188

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- 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 isotonic, Theraband)
 - Progress to cyclone 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
 - Progress 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
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