

# ACHILLES REHABILITATION OUTLINE

## INTRODUCTION

This rehabilitation protocol is based on the available evidence based, clinical experience and current research. Please monitor pain during and after exercise. A maximum of 5/10 pain during exercise is acceptable. Stop if pain is intolerable or does not settle within 24 hours.

### *Phase one – slow loading – START when pain of INJECTION has settled*

- Initial strength
  - Double leg heel raises on flat ground
    - Start with 3x5, knee straight, 1x/day, slowly
    - increase as able to 3x10
  - then do single leg heel raises on flat ground
    - start with 3x5, knee straight 1x day, slowly
    - increase until able to do 3x10
- Commence Alfredson eccentric training (2x/day) (do not continue previous exercises)
  - Starting on toes do 3x15 single leg heel drops over edge of step with knee bent, repeat with knee straight, lift onto toes with other leg
    - Do 2x/day, slowly
  - Add load in a back pack if able and if painfree, start with 5 kgs and increase by 5kgs up to 15-30% of bodyweight, only add load 2-3x/week
- Fitness work (3-4 x 40 minute sessions/week)
  - Swimming, cycling or rowing
- Adjuncts for pain: ice

### *Phase two – fast/power – START WHEN MEET CRITERIA*

- Non-athletic patients
  - Start when can perform 15 calf raises
  - Progressively increase walking endurance by 5-10 minutes/week
  - Only progress if symptoms are stable
- Athletes
  - Start when can perform 15 calf raises &  $\leq 3/10$  pain with single leg hop
  - Start running 5 minutes, flat ground, slow/steady pace
  - Increase by 5-10 minutes per week
  - No more than every 2<sup>nd</sup> to 3<sup>rd</sup> day
  - Only progress if symptoms are stable
  - When running 30 minutes, progressively commence sport