



Achilles Tendon Ultrasound Guided Percutaneous Tenotomy

Phase 1 – Early Protective Phase Week 1 (Days 1-7)

Goals for Phase 1

- Minimize swelling and pain
- Rest to minimize tendon irritation
- No weight bearing on surgical leg

Criteria for progression to Phase 2

- Controlled pain
- Perform AROM with minimal pain or compensation

Post-Procedure Care

- Day 1: Protect ankle by resting and keeping it elevated to reduce swelling.
- Day 2-7: Elevate at least 3 times a day to control swelling.

Weight Bearing

- Day 1 (Day of procedure): Bring your crutches / scooter / boot to your procedure.
- Day 1-7: No weight bearing on tread leg; use crutches / scooter and boot to get around

PROM / AROM

- Begin ankle ROM exercises 3x/day (Plantarflexion, inversion & eversion only). Avoid stretching your tendon past neutral (no stretching into dorsiflexion).

Manual Therapy

- No STM with hands or IASTM until 8 weeks Post Op.

Strengthening

- Initiate quad sets, SLR in all planes, glute squeezes. Perform 3x/day.

Modalities

- Ice and elevate leg as needed to reduce swelling.



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Phase 2 – Intermediate Phase Week 2 (Days 8-14)

Goals for Phase 2

- Minimize swelling and pain
- WBAT as tolerated with crutches or use of scooter

Criteria for Progression to Phase 3

- Able to walk with normal walking stride and minimal discomfort with crutches

Weight Bearing

- Transition to partial weight-bearing using crutches and boot. If you were given a foot orthotic, wear it in your boot.
- If you use a scooter, begin partial weight bearing by placing untreated leg on scooter and bearing some weight on the treated foot in your boot.
- You will be given a heel lift. Wear this in your boot and shoe for at least the first 4-5 weeks after your procedure. You may gradually discontinue use of the heel lift as directed by your care team.
- Some discomfort is normal, but walking should not make pain worse.

PROM / AROM

- Continue ankle ROM exercises 3x/day (Plantarflexion, inversion & eversion only). Avoid stretching your tendon past neutral (no stretching into dorsiflexion).

Manual Therapy

- No STM with hands or IASTM until 8 weeks Post Op.

Strengthening

- Continue quad sets, SLR in all planes.
- Initiate core stabilization without irritating surgical leg (Dead bug, Sahrman progression).

Modalities

- Ice and elevate leg as needed to reduce swelling.



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Phase 3 – Intermediate Phase Weeks 3-5

Goals for Phase 3

- Minimize swelling and pain
- Progressive weight bearing and ROM

Criteria for Progression to Phase 4

- Normal gait pattern with minimal pain

Weight bearing

- Week 3: In your home, walk using only the boot as you feel comfortable. In the community, continue partial weight bearing with your boot and crutches.
- Week 4: In your home, walk normally (without boot or crutches) as you are comfortable. In the community, use only your boot.
- Week 5: As you feel comfortable, walk normally in your home and community. Mild soreness is normal.

PROM / AROM

- Continue ankle ROM and add gentle Achilles tendon stretching.

Manual Therapy

- No STM with hands or IASTM until 6 weeks Post Op.

Strengthening

- Week 3: Begin isometric ankle strengthening.
- Note that dorsiflexion is permitted for gentle stretching, but should be avoided for all subsequent strength exercises.
- Week 4: Continue isometric strengthening.
- Week 5: Progress ankle strengthening using resistance bands.

Cardiovascular:

- Week 4: Begin non-impact exercise with a stationary bike without the boot.
- Week 4: Swimming and pool exercise is permitted when wound is healed.

Proprioception:

- Week 5: Initiate single leg balance exercises.

Modalities

- Ice and elevate leg as needed to reduce swelling.



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Phase 4 – Return to Function Weeks 6-12

Goals for Phase 4

- Return to function
- Return to work or sport
- Maintain full pain free range of motion

Criteria for Return to Work, Function, Sport

- No pain
- Full ROM
- Strength 5/5
- If patient is looking to return to sports patient should complete return sport testing at Aurora BayCare Sports Medicine and meet the tested criteria with <10% side to side difference in all testing

Other Considerations

- Patient should have a gradual return to activity plan – work with your Therapist and Doctor to develop this plan
- Return to high impact activities is typically ≥ 12 weeks based on the recommendations of your care team and individual progression through rehabilitation

Weight Bearing

- Weight bearing as tolerated.

PROM / AROM

- Continue ankle ROM and add gentle Achilles tendon stretching.

Manual Therapy

- No STM with hands or IASTM until 6 weeks Post Op.

Strengthening

- Progress ankle strengthening with heavier resistance bands.
- Week 7: Begin using a leg press, first for quadriceps strengthening and then progress to low resistance calf strengthening. Progress weight as tolerated.

Cardiovascular:

- When able to walk normally in home and community, begin using an elliptical machine (no incline and low resistance at first).
- Increase walking pace for exercise.
- Weeks 7-11: gradually increase intensity of biking, swimming, and walking. Increase resistance and incline on elliptical.

Proprioception:

- Continue single leg balance exercises (multitasking, stable surfaces, unstable surfaces).

Sport Specific Activities:

- When above activities are able to be done without pain, progress to higher impact activities (jogging, running, sprinting, and jumping) as directed by your care team.



Achilles Ultrasound Guided Percutaneous Tenotomy

The ultrasound guided percutaneous tenotomy procedure allows what was once major surgery to be performed quickly through a small incision. Although post-procedure care will be tailored to fit your individual needs, the following guidelines are designed to help you and your physical therapist after the procedure.

Things to Avoid Before and After your Procedure

- Anti-inflammatory medicine like ibuprofen and naproxen: Avoid 1 week before and 2 weeks after your procedure, unless directed otherwise by your physician or health care provider.
- Alcohol: Avoid 48 hours before your procedure. Do not consume alcohol while you are taking prescription pain medications.
- Tobacco and nicotine: Consider talking to your physician about stopping- these products impair your ability to heal and might reduce the beneficial effects of the procedure.
- Diet: There is no need to fast before your procedure. You may eat normal meals before your procedure and resume your regular diet when you feel able. A well-balanced diet will promote healing. If you are interested in more details, we can arrange a consultation with a dietician.

Discomfort

Some pain after your procedure is expected for the first few weeks. Use an ice pack on the painful area for 15 minutes as needed; in the first 2-3 days consider icing 3 times daily. In some circumstances your care team may prescribe pain medicine. If you are concerned about your pain, please contact your care team.

Dressing

- Remove dressing after 24-48 hours. Replace with simple bandage.
- Keep ACE wrap or compression sleeve on ankle for 2 days. It should be snug, but not tight. If you see swelling in your toes, the compression is too tight.
- Sterile strip bandages can be removed when they begin peeling off or after 7 days. Keep bandages and procedure area clean and dry.

Bathing

Do not soak/submerge foot in water for 1 week. Showering is OK.

Follow-up Appointment

You will be scheduled for follow-up appointments approximately 2 weeks and 6 weeks after your procedure. In some circumstances, a care team member may follow-up with you over the telephone or electronically. If you have questions about your appointments, call office during normal clinic hours.

When to Call your Provider

If you notice increasing redness, warmth, pain, fever, drainage from the wound or other problems that concern you, call office during normal clinic hours. Otherwise seek care at your local emergency room.