

The 6-Month Achilles Repair Return Protocol

Achilles tendon repair rehabilitation, phase by phase



Used by Dr. Rob Letizia, PT, DPT, at Spectrum Therapeutics in Wayne, NJ. Reviewed October 2026.

Your surgeon's protocol always comes first. Progress is set by your surgeon's boot, wedge, weight-bearing and motion instructions, not by the calendar alone. Published protocols vary; the dates here are typical ranges, not promises.

The five stages

Stage	When	Boot and weight-bearing	What you are doing	Still off-limits
1. Protect	Weeks 0–2	Splint, no weight on the leg, crutches	Controlling swelling, moving the hip and knee, getting around safely	Any weight through the foot; stretching the calf
2. Load in the boot	Weeks 2–6	Walking boot with heel wedges; weight added in steps (from week 2 in a faster protocol, week 5 in a conservative one)	Gentle ankle motion inside your surgeon's limits; hip, knee and core strength; bike or upper-body cardio	Pushing the ankle up past your surgeon's limit; walking without the boot
3. Walk out of the boot	Weeks 6–12	Wedges out one at a time; full weight in the boot, then a shoe with a small heel lift	Normal walking, resistance-band ankle work, double-leg heel raises once fully weight-bearing	Barefoot walking; weight-bearing calf stretches; running
4. Build the calf	Weeks 12–24	Shoes, then no heel lift	Single-leg heel raises, balance, step and slant-board work; low-impact cardio	Running, jumping and pivoting
5. Run and return	Month 6 onward	None	Running once you pass the criteria below, then plyometrics and sport-specific work	Full sport before return-to-sport testing and your surgeon's clearance

The one rule: No running until you pass all seven consensus criteria below, including ten single-leg heel rises on the repaired side, and your surgeon has cleared you. Ten is the floor, not the finish line: if your surgeon's protocol asks for more, that is the number you work to.

The 10-Heel-Rise Running Rule: seven checks before running

Pain	No pain in daily life, and none during or after rehab sessions.
Walking	Walking without a limp, and able to walk on tiptoes.
Calf	Ten single-leg heel rises on the repaired side.
Balance	Good single-leg balance.
Readiness	Feeling psychologically ready to run.
Note	These come from an international expert consensus (Gaspar et al., Sports Medicine 2026), which itself says they need prospective validation. They are a screen, not a guarantee.

Red flags: don't wait for your next visit

- **Contact your surgeon promptly:** a new pop with a sudden loss of push-off.
- **Contact your surgeon promptly:** a wound that opens or drains, or increasing redness, warmth or pain at the incision.
- A marked, unexpected worsening in pain or function.
- **Prompt medical assessment:** calf swelling, warmth or tenderness (possible blood clot).
- **Emergency (call 911):** chest pain or shortness of breath.

Questions about your recovery? Spectrum Therapeutics offers one-on-one post-surgical rehabilitation: every visit is with Dr. Rob Letizia, PT, DPT. Call **973-689-7123**. New Jersey is a direct-access state, so you can be seen without a physician's referral; any Medicare plan requires a doctor's prescription for physical therapy.

The full week-by-week guide, with its research sources:

<https://spectrumtherapynj.com/blogs/news/achilles-tendon-repair-protocol-recovery-timeline-week-by-week>

Educational information only, not a substitute for your surgeon's instructions or an individual evaluation.