PHYSICAL THERAPY PRESCRIPTION



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Surgical Date: ____

Weeks 16+

HEP daily

No apprehension with sport

Strength and flexibility to

meet sporting demands

specific movements

Side: ☐ Right ☐ Left

R

Running progression program

Sport specific training

Advance flexibility/agility/plyometrics

ACHILLES TENDON REPAIR PROTOCOL

Diagnosis: Achilles Tendon Repair					
<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>		
Weeks 0-2 HEP daily	Edema and pain control Promote independence	NWB Posterior splint in resting plantarflexion	AROM hip and knee Wiggle toes LE stretches – hamstrings, quads, ITB, hip flexors		
Weeks 2-4 HEP daily	Edema and pain control Promote independence Minimize quad atrophy and adhesions	TDWB with crutches in CAM boot with heel lift No active plantarflexion No passive heel cord stretching	Continue LE stretches Active dorsiflexion to neutral Passive plantarflexion Active inversion / eversion ROM below neutral Modalities to control swelling Incision mobilization modalities		
Weeks 4-8 HEP daily	Neutral dorsiflexion Normal gait Improve endurance	Progress to FWB in CAM boot with heel lift Continue CAM boot up to 8 weeks Avoid painful activities No running	Decrease heel lift ¼" every week until neutral Active plantarflexion – begin with isometrics, progress to isotonics Dorsiflexion isotonics Achilles tendon stretch with towel Incision mobilization		
Weeks 8-16 HEP daily	Symmetric dorsiflexion Improve strength/flexibility No calf atrophy	WBAT Avoid painful activities	Continue plantarflexion and dorsiflexion isotonics Add isokinetics Continue inversion / eversion isotonics Double and single heel raises Proprioception training Progress to Retro program, stairmaster, versiclimber		

Frequency & Duration: \Box 1-2	LI 2-3 X/Week for weeks	Home Program
Physician's Signature:	M.D.	

Avoid painful activities

No sport until MD clearance