

# PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

**DIAGNOSIS ( LEFT / RIGHT ) ACHILLES TENDON REPAIR**

**DATE OF SURGERY** \_\_\_\_\_

## ACHILLES TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

### **POST OPERATIVE MANAGEMENT**

Posterior Splint for 14 days and NWB with crutches

### **WEEKS 2-6**

- Slowly begin **partial weightbearing** ambulation with crutches in walking boot. Dr. Weber will tell you the exact timing of when you can begin to put weight on your foot.
- Make sure weight is going through the heel and not the toes.
- May remove boot for ROM exercise.
- Active inversion and eversion ROM
- Active dorsiflexion to neutral; passive plantar flexion
- Stationary cycling with minimal resistance (anterior foot placement)

### **WEEKS 6-12**

- Progress to WBAT in walking boot
- Discontinue walking boot 2 weeks after FWB
- Use heel cups for 2 weeks after discontinue walking boot
- Progressive resistance Theraband ankle strengthening exercises
- Intrinsic foot muscle strengthening exercises
- Single Leg standing balance activities
- Active bilateral heel raises
- Initiate passive heel cord stretching
- Bilateral to unilateral standing, heel raise exercises
- Stationary cycling with progressive resistance (standard foot placement)
- Progressive depth (30° to 90° knee flexion) flat-footed mini-squats
- Progressive retrograde treadmill ambulation
- "Flat-Footed" single leg balance
- BAPs "Level 1-2-3" (seated PWB progressed to FWB standing)
- "On-Toes" standing balance/proprioception activities on mini-trampoline
- Progressive duration/velocity Stairmaster ambulation
- Lateral sliding board maneuvers

### **3-6 MONTHS**

- Stationary jogging and jumping on mini-trampoline
- Straight ahead jog-to-run progression on a level surface
- Progressive acuity cutting agility maneuvers
- Large-to-small Figure of 8 agility maneuvers
- Sport/Position specific functional activities
- Running and agility maneuvers on progressive incline/decline surfaces
- Discharged to normal activities when cleared by doctor

**Treatment:** \_\_\_\_\_ **times per week**    **Duration:** \_\_\_\_\_ **weeks**

**Physician's Signature:** \_\_\_\_\_

**Joel Weber, MD, Orthopaedic Surgeon, Evergreen Health**