

# Physical Therapy Prescription

<b>ACHILLES TENDON REPAIR REHABILITATION PROTOCOL</b>				
<b>TIME PERIOD</b>	<b>WEIGHT BEARING</b>	<b>RANGE OF MOTION</b>	<b>BRACE</b>	<b>EXERCISES</b>
<b>0-2 weeks</b>	TDWB	None	Wear at all times.	None
<b>2-6 weeks</b>	TDWB 2-4 weeks. PWB 4-6 weeks.	Limit active dorsiflexion to 90° at 90° of knee flexion. Begin removing heel inserts, one per week.	Wear at all times except for hygiene	Inversion/eversion. No passive heel cord stretching.
<b>6-8 weeks</b>	PWB with crutches and boot.	Begin to increase active dorsiflexion as tolerated.	Wear with weight bearing.	Stationary bike with boot on. Inversion/eversion. No passive heel cord stretching.
<b>8-12 weeks</b>	As tolerated with crutches. D/C crutches when able to walk without a limp.	Progress to full	None	May begin light resistive exercises in DF/PF. Isometrics.
<b>3-6 months</b>	Full weight bearing	Full	None	May increase resistance. Isotonic exercises.

Begin Physical Therapy after first post-operative appointment

<p>Dane Todd, MD          Questions please call: # 402-488-3322          Fax: 402-488-3336</p> <p>Patient Name: _____          Surgery Date: _____</p> <p>Diagnosis: status post Achilles Tendon Repair</p> <p>Surgery Performed: Achilles Tendon Repair</p> <p>Physical therapy to evaluate and treat for post op Achilles Tendon repair with the above protocol. 1-2x per week for 10 weeks</p> <p>Notes: _____</p> <p>MD signature: _____</p>
--