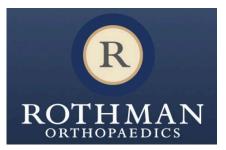
Brandon J. Erickson, MD Montanna Casey, ATC Mackenzie Lindeman, ATC Terry Lin, PA-C 645 Madison Ave New York, NY 200 White Plains Rd 4th Floor Tarrytown, NY 450 Mamaroneck Ave Suite 200 Harrison, NY Phone: 914-580-9624 Montanna.Casey@rothmanortho.com Mackenzie.Lindeman@rothmanortho.com Terry. Lin@rothmanortho.com www.brandonericksonmd.com



Achilles Repair Post Operative Physical Therapy Protocol

Patient Name:

Surgery: Right/Left Achilles Repair

Date of Surgery:

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

0-2 WEEKS

NWB with assistive device x 2 weeks Immobilization in splint

2-6 weeks

50 % WB with ROM walker boot Active dorsiflexion, passive plantarflexion, ankle ROM

6-12 weeks

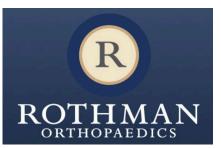
FWB at 6 weeks if incision healed Begin PT at 6 weeks for strengthening Begin Active Plantar Flexion – begin with isometrics, progress to isotonics Wear CAM Walker Boot up to 8 weeks post-op. Can use high top shoe after CAM Walker

12-16 weeks

ROM/stretching Achilles as needed, other LE muscles Gait: Ensure good gait pattern: heel-toe gait, good heel strike and push-off, stance time equal left to right SLB activities (eyes open/closed, head nods, arm movement) Progress to multiple planes Ankle theraband Begin functional strengthening exercises Leg press - bilateral Leg press toes raises (bilateral, progress to unilateral) Progress to WB bilateral toe raises Proprioception activities – i.e. BAPS, balance board Hip and knee PRE's Soft tissue and joint mobes as needed Stairmaster, bike for cardio Ice as needed

Criteria to progress:

Good gait mechanics ROM equal to opposite side Controlled inflammation No pain Plantarflexor strength 4/5 (perform 10 partial to full toes raises) Brandon J. Erickson, MD Montanna Casey, ATC Mackenzie Lindeman, ATC Terry Lin, PA-C 645 Madison Ave New York, NY 200 White Plains Rd 4th Floor Tarrytown, NY 450 Mamaroneck Ave Suite 200 Harrison, NY Phone: 914-580-9624 Montanna.Casey@rothmanortho.com Mackenzie.Lindeman@rothmanortho.com Terry. Lin@rothmanortho.com www.brandonericksonmd.com



16-20 weeks

Progress previous exercises: hip and knee PRE's Progress to WB unilateral heel raises Stairmaster Isokinetics for ankle (inv/ev, dors/pltf) – optional Begin jumping progression: leg press, min-tramp, ground) Functional rehab Forward dips multiple plane for balance Begin light plyos Criteria to progress: ROM equal to opposite side Perform 20 unilateral toes raises (full range, pain-free) Perform bilateral jumping in place 30 seconds each F/B, L/R with good technique

5-6 months post-op

Progress previous exercises Progress jumping to hopping Begin jogging/running when hopping is performed with good technique Sport specific drills for appropriate patients

Criteria to discharge non-athletes:

Good gait pattern ADL's without difficulty Gastroc/soleus 4+ - 5/5 strength

Criteria to discharge athletes:

Good gait pattern Patient performs the following tests within 80% of the uninvolved leg: Hop for distance Single leg balance reach Isokinetic strength test Maintenance program should stress continued strength and endurance work at least 2-3 times per week

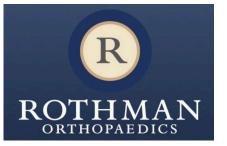
Comments:

Functional Capacity Evaluation	Work Hardening/Work Conditioning	X Teach HEP		
Modalities				

Electric Stimulation	Ultrasound	Iontophoresis	Phonophoresis	TENS	_X_	Heat before
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_X_Ice after __Trigger points massage __X_ Therapist's discretion

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Signature_____

Date