

UCLA OUTPATIENT REHABILITATION SERVICES	
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ACHILLES TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Achilles Tendon Repair -- Surgery Date:

POST-OP:

FORMCHECKBOX NWB in plaster splint in Plantar Flexion for 10 - 14 days

AT FIRST POST-OP VISIT:

FORMCHECKBOX Switch to CAM Walker Boot in Neutral (flat foot). PWB with crutches until 6 weeks

FORMCHECKBOX Walk with flat foot – No Active Plantar Flexion

FORMCHECKBOX Remove CAM Walker Boot each day for:

Active Dorsi Flexion to Neutral; Passive Plantar Flexion. No Passive Heel Cord stretching

FORMCHECKBOX Can use Exercise Bike with Cam Walker Boot on

FORMCHECKBOX Active Inversion / Eversion ROM

AT 6 WEEKS:

FORMCHECKBOX Begin Active Plantar Flexion – begin with isometrics, progress to isotonic

FORMCHECKBOX Dorsi Flexion isotonic

FORMCHECKBOX Achilles tendon stretch with towel. ROM exercises

FORMCHECKBOX Begin FWB at 6 weeks

FORMCHECKBOX Wear CAM Walker Boot up to 8 weeks post-op. Can use high top shoe after CAM Walker

AT 12 WEEKS:

FORMCHECKBOX Continue Plantar Flexion and Dorsi Flexion isotonic
FORMCHECKBOX Add isokinetics
FORMCHECKBOX Continue Inversion / Eversion isotonic
FORMCHECKBOX Proprioception training
FORMCHECKBOX Retro program, Stairmaster, Versiclimber

Treatment: _____ **times per week** **Duration:** _____ **weeks** _____

Home Program

**Please send progress notes.

Physician's Signature: _____ **Date:** _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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