

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
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**ACHILLES TENDON RUPTURE NON-OPERATIVE PHYSICAL THERAPY  
PRESCRIPTION**

**Diagnosis: ( LEFT / RIGHT ) Achilles Tendon Rupture**

**Weeks 0-2:**

FORMCHECKBOX Plaster cast with ankle plantar flexed to approx. 20°; non-weight bearing with crutches

**Weeks 2-4:**

FORMCHECKBOX Patients should be seen 2-3 times per week depending on availability and degree of pain and swelling in the foot and ankle

FORMCHECKBOX Emphasize need of patient to use pain as guideline. If in pain, back off activities and weight-bearing

FORMCHECKBOX Walking boot with 2-4cm heel lift

FORMCHECKBOX Compression stocking to be worn to help control swelling

FORMCHECKBOX Protected weight-bearing with crutches:

Weeks 2-3 – 25%

Weeks 3-4 – 50%

Weeks 4-5 – 75%

Weeks 5-6 – 100%

FORMCHECKBOX Active plantar and dorsiflexion range of motion exercises to neutral, inversion/eversion below neutral

FORMCHECKBOX Modalities to control swelling (US, IFC with ice, Acupuncture, Light/Laser therapy)

FORMCHECKBOX EMS to calf musculature with seated heel raises when tolerated

FORMCHECKBOX Knee/hip exercises with no ankle involvement (e.g. leg lifts from sitting, prone or side-lying)

FORMCHECKBOX Hydrotherapy (within motion and weight-bearing limitations)

FORMCHECKBOX Non-weight bearing fitness/cardio work e.g. biking with one leg, deep water running (usually not started until weeks 3-4)

### **Weeks 4-6:**

FORMCHECKBOX Gradual progression to weight-bearing as tolerated

FORMCHECKBOX Continue weeks 2-4 protocol

FORMCHECKBOX Progress EMS to calf with seated heel raises (with no resistance) as tolerated around weeks 5-6

**Please ensure that ankle does not go past neutral while doing exercises**

FORMCHECKBOX Continue with weekly visits approximately 2-3 times per week

FORMCHECKBOX Emphasize non-weight bearing cardio activities as tolerated

### **Weeks 6-8:**

FORMCHECKBOX Continue physiotherapy 2 times a week

FORMCHECKBOX Continue with modalities for swelling as needed

FORMCHECKBOX Continue with EMS on calf with strengthening exercises. **Do not go past neutral ankle position**

FORMCHECKBOX Remove heel lift if patient had 2-4 cm lift (take 1 out at a time over 2-3 day period)

FORMCHECKBOX Weight-bearing as tolerated, usually 100% weight-bearing in walking boot at this time

FORMCHECKBOX Active assisted dorsiflexion stretching, slow initially with a belt in the sitting position

FORMCHECKBOX Graduated resistance exercises (open and closed kinetic chain as well as functional activities) – start with Theraband exercises. **With weighted resisted exercises do not go past neutral ankle position**

FORMCHECKBOX Gait retraining now that 100% weight-bearing

FORMCHECKBOX Fitness/cardio to include weight-bearing as tolerated e.g. biking

FORMCHECKBOX Hydrotherapy

### **Weeks 8-12:**

**\*\* Ensure patient understands that tendon is still very vulnerable and patients need to be diligent with activities of ADL and exercises. Any sudden loading of the Achilles (eg. Trip, Step up stairs etc.) may result in a re-rupture\*\***

FORMCHECKBOX Wean off boot (usually over 2-5 day process – varies per patient)

FORMCHECKBOX Can transition to supportive ankle brace to provide extra stability and swelling control once the boot is removed

FORMCHECKBOX Return to crutches/cane as necessary and gradually wean off

FORMCHECKBOX Continue to progress range of motion, strength, proprioception exercises

FORMCHECKBOX Add exercises such as stationary bicycle, elliptical, walking on treadmill as patient tolerates

FORMCHECKBOX Add wobble board activities – progress from seated to supported standing to standing as tolerated

FORMCHECKBOX Add calf stretches in standing

FORMCHECKBOX Add double heel raises and progress to single heel raises when tolerated.

**Do not allow ankle to go past neutral position**

FORMCHECKBOX Continue physiotherapy 1-2 times a week depending on how independent patient is at doing exercises and their access to exercise equipment

**Weeks 12-16:**

FORMCHECKBOX Continue to progress range of motion, strength, and proprioception exercises

FORMCHECKBOX Retrain strength, power, and endurance

FORMCHECKBOX Ensure patient understands that tendon is still very vulnerable and patients need to be diligent with activities of ADL and exercises

**Weeks 16+:**

FORMCHECKBOX Increase dynamic weight-bearing exercise; include plyometric training and sport specific re-training

**6 months return to normal sporting activities.**

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

**Home Program**

\*\*Please send progress notes.

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

\_\_\_\_\_  
**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

Achilles Tendon Rupture Non-Op PAGE \\* MERGEFORMAT 2

Achilles Tendon Rupture Non-Op PAGE \\* MERGEFORMAT 1

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NAME OF PATIENT: \_\_\_\_\_

MRN: \_\_\_\_\_

**Kristofer J. Jones, M.D.**

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