

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: ACHILLES TENDON RUPTURE Right Left Bilateral

SURGERY: ACHILLES TENDON REPAIR

DATE OF SURGERY: _____

PHASE 1 - IMMOBILIZATION (WEEKS 0-4)

Non-weightbearing with crutches
Keep leg elevated as much as possible

PHASE 2 – GENTLE STRETCHING AND STRENGTHENING (WEEKS 5-10)

Activity

- Begin with partial weightbearing in cam boot with 2 heel lifts for weeks 5-6
- Remove 1 heel lift and advance to full WB in cam boot with 1 heel lift for weeks 7-8
- Remove 2nd heel lift and advance to full WB in cam boot for weeks 9-10
- After 10 weeks, transition to tennis shoe

Range of motion

- Begin PROM/AAROM/AROM from full plantarflexion to neutral (no DF beyond neutral)
- Begin inversion/eversion

Strengthening exercises

- Isometric dorsiflexion to neutral
- Proprioceptive exercises

Soft tissue mobilization / scar massage/ desensitization / edema control

PHASE 3 – ADVANCED REHAB (WEEK 10 AND BEYOND)

Activity

- Begin Achilles strengthening exercises at 12 weeks
- No running / jumping / high impact activities until 5-6 months postop

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507