

	WEIGHT BEARING	BOOT/DEVICE	ROM/Joint Mobilizations	EXERCISES	CARDIO
PHASE I					
Weeks 0-2	NWB in splint	Splint in 20 degrees of PF	No foot/ankle ROM	<ul style="list-style-type: none"> Hip and knee open-chain ROM and strengthening only within boot 	UBE
Weeks 2-4	TDWB in boot with crutch assist	<p>Boot locked, decreasing to 10 degrees PF at 4 weeks</p> <p>Remove one heel lift from rigid boot at first visit. Remove one lift (9 total) every 3 days as tolerated until neutral at end of 6 weeks</p>	<ul style="list-style-type: none"> Gentle PROM limiting DF to 0 degrees with knee flexed to 90, no passive Achilles stretching. No active PF Joint mobilizations: talocrural; subtalar, for maintenance of accessory motions as needed. Continue mobilizations until associated motion has full AROM Scar mobilization 	<ul style="list-style-type: none"> Hip and knee open chain ROM and strengthening only within boot Ankle AAROM limiting DF to 0 degrees isometrics of <i>uninvolved</i> muscles 	UBE
Weeks 5-6	WBAT in boot	Boot in neutral position worn during WB activities at 6 weeks	<ul style="list-style-type: none"> A/PROM to tolerance, forefoot and hindfoot mobilizations Gait training with boot to minimize deviations with discharge of crutches. Manual passive stretching for DF; increase intensity with knee flexed, gentle with knee in extension. 	<ul style="list-style-type: none"> Stationary bike with boot on A/PROM to tolerance Begin gentle stretches to calf/achilles isometrics of uninvolved muscles Begin Gait training in PT in athletic shoes with bilateral heel lifts at week 6 	Stationary bike within boot (remaining seated)
PHASE II					
Weeks 7-8	Wean from boot to FWB	Can d/c boot at 8 weeks using shoe with heel lift	A/PROM to tolerance, slowly progress DF ROM/calf stretches , forefoot and hindfoot mobilizations	<ul style="list-style-type: none"> *Avoid aggressive eccentric loading to Achilles tendon Begin stationary bike w/o boot for ROM Begin foot/ankle strengthening: therabands, seated heels raises (or with < body weight) progressing to bilateral with body weight, then unilateral Begin bilateral standing proprioception progressing to unilateral: then progress from stable 	Stationary bike, pool aquajogging, progressing to elliptical trainer

Weeks 9-12	FWB		A/PROM to tolerance, slowly progress DF ROM/calf stretches , forefoot and hindfoot mobilizations	to unstable surfaces	<ul style="list-style-type: none"> Progress to closed-chain proximal and LE strengthening, beginning with < body weight progressing to bilateral standing Progress heels raises from bilateral to unilateral with body weight Begin sub-maximal closed-chain acceleration/deceleration exercises beginning with < body weight (e.g. shuttle, pilates) 	Elliptical trainer, treadmill walking with incline progression

PHASE III

Weeks 13-16	FWB	(none)	Full ROM, mobilizations as needed Remove heel lifts from shoes.	<ul style="list-style-type: none"> Progress strengthening: CKC, progressing unilateral heel raises with body weight or greater—gradually increasing DF range and resistance Proprioception: unilateral standing with perturbations Continue low-impact acceleration/deceleration hops with < body weight (e.g. shuttle, pilates) <i>once patient is able to perform 3 sets of 15 repetitions of unilateral heel raises in standing</i> Begin Alter G running progression: starting at 50-75% body weight and speed <i>once patient is able to perform 3 sets of 15 repetitions of unilateral heel raises in standing with minimal to no heel/Achilles pain</i> 	Alter G treadmill running
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PHASE IV

Weeks 17-20	FWB	(none)	Full ROM	<ul style="list-style-type: none"> Progress to standard treadmill running <i>once patient is able to perform Alter G running @ 95% body weight and 75-90% speed with minimal to no heel/achilles pain.</i> Progress acceleration/deceleration to 	Standard treadmill running progressing to dry land running, versaclimber. Running advancement is dependent on the return of balance,
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sub-maximal **bilateral hops with body weight**. Progress from concentric to eccentric, bilateral to unilateral, from uniplanar to multi-planar.

agility, and the ability to run 2 miles at each level without pain or swelling.

- **Progress to linear dry-land running progression at 50-75% intensity** *once patient is able to perform standard treadmill running at 85-90% intensity with minimal to no heel/achilles pain.*
- **Begin sub-maximal cutting (cone and ladder drills: box shuffles, typewriters, icky shuffles) @50-75% speed** *once patient is able to perform unilateral hops with body weight with minimal to no heel/achilles pain:*

PHASE V

Weeks > 20

- Progress **dry land running to 75-100% intensity**
- Progress unilateral **sport-specific agilities/cutting and hopping to 75-100% intensity**
- Return to sport when RTP criteria met.