6. Strengthening: Isometric inversion/eversion, dorsiflexion/plantarflexion two sets of 10 repetitions to
progress to 2 sets of 20 reps over the course of week 3; begin light band resisted inversion, eversion,
dorsiflexion and plantarflexion, 2 sets of 10 repetitions. Prone knee flexion, 2 sets of 20 repetitions.
7. Cryotherapy
Weeks 4-5: 1. Weight bearing to full in boot with heel lift
2. Gentle cross fiber massage to Achilles tendon
3. Ultrasound, phonophoresis, electrical stimulation used to decrease inflammation and scar formation
4. Stationary bike up to 20 min. with minimal resistance and aqua therapy as outlined in week 3
5. Gentle stretching of Achilles tendon with towel or in standing (if limited to less than neutral position
only). Stretch with knee extended and flexed to 40°.
6. Strengthening: Isometric exercise as on week 3; increase resistive band exercise for plantarflexion,
dorsiflexion, inversion and eversion, 3 sets of 20 repetitions.
7. Hamstring curls to facilitate gastrocnemius muscle without flexing the ankle. May be done in prone or
standing with light resistance, 3 sets of 20 repetitions.
Weeks 6-7:
1. *Patient progresses from boot to shoe with heel lift
2. Stationary bike without boot and with progressive resistance
3. Gentle stretching exercise to neutral ankle position
4. BTE PROM, isometric and isotonic exercise
5. Weight shifting and unilateral ba-Gentle stretching

8. Total gym with increased angle for heel raises and short arc squats. Begin unilateral eccentric
plantarflexion exercise.
9. Short arc squats in standing
10. Hamstring curls (progressive resisted exercise- PRE)
11. Progress to standing heel raises using uninvolved LE to assist involved LE.
12. Progress to standing balance exercise in tandem and then single leg support
 - use perturbation to increase difficulty
 - close eyes
13. Aqua therapy (obese patients may progress more slowly and refine ambulation quality in pool):
walking in water, standing heel raises (water at least waist deep), flutter kick with kick board (with or
without fins), plyometrics, conditioning exercise

Weeks 10-12:
1. *Patient wearing shoe without lift
2. Stationary bike (warm up and/or aerobic conditioning)
3. Gentle stretching in standing past neutral
4. BTE strengthening
5. Standing balance exercise with / without eyes closed
6. Perturbation:
 - BOSU ball
 - Airex pad
 - Band resist
 - Ball toss
7. Squats with moderated resistance (limit ankle dorsiflexion)
8. Hamstring curls with resistance
9. Standing heel raises (two feet with progression to single limb for eccentric strengthening, then
eccentric/concentric strengthening as able)
10. Total gym single heel raise
11. Resisted walking: free motion machine, pulleys, bands
12. Elliptical trainer
13. Aqua therapy (for obese patients to progress walking tolerance and endurance, heel raises and aerobic
conditioning; for athletes to progress plyometrics and aerobic conditioning)

Weeks 12-14:
1. Stationary bike (warm up and/or aerobic conditioning)
2. Gentle stretching
3. Balance exercise with perturbation in single limb support unless WNL and equal bilaterally
4. Resisted bilateral heel rises with free motion, calf machine
5. Unilateral heel rises if able or eccentric unilateral heel rises.
6. Elliptical trainer
7. *If patient is able to perform a single leg heel rise 10 times and has low pain rating may progress to:
 Stair stepper
 Plyometrics training (begin with two feet and progress to single limb jumps)
 Jogging ʹ slow speed and limited distance, with progression as symptoms permit