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**Rehabilitation Prescription for:
Non-Operative Achilles Tendon Rupture**

Patient Name: _____ **Date:** _____
Treatment Frequency: 2 – 3 times per week **Duration of Therapy Prescription:** 8 weeks

0 – 2 Weeks: Posterior splint/short leg cast, non-weight bearing

2 – 4 Weeks: Aircast walking boot with 2cm heel lift * +
 Protected weight bearing with crutches

THERAPY GUIDED:

- Active plantar flexion and dorsiflexion to neutral, inversion/eversion below neutral
- Modalities to control swelling
- Knee/hip exercises with no ankle involvement; e.g., leg lifts from sitting, prone or side-lying position
- Non-weight bearing fitness/cardiovascular exercises, e.g., bicycling with one leg, deep water running
- Hydrotherapy (within motion and non-weight bearing limitations)

4 – 6 Weeks: 4 - 6 weeks: Weight bearing as tolerated * +
 Continue 2 - 4 week protocol

6 – 8 Weeks: Remove heel lift
 Weight bearing as tolerated * +
 Dorsiflexion stretching, slowly

THERAPY GUIDED:

- Graduated resistance exercises (open and closed kinetic chain as well as functional activities)
- Proprioceptive and gait retraining
- Modalities including ice, heat and ultrasound as indicated
- Fitness/cardiovascular exercises to include weight bearing as tolerated; e.g., bicycling, elliptical machine, waling and/or running on treadmill, Stairmaster

8 – 12 Weeks: Wean off boot
Return to crutches and/or cane as necessary and gradually wean off

THERAPY GUIDED:

- Continue to progress range of motion, strength, proprioception

> 12 Weeks: Continue to progress range of motion, strength, proprioception

THERAPY GUIDED:

- Retrain strength, power, endurance
- Sport specific retraining

* Patients are required to wear the boot while sleeping

+ Patients can remove the boot for bathing and dressing but are required to adhere to the weight bearing restrictions according to the rehabilitation protocol

Please send progress notes.

Physician's Signature: _____

(I have medically prescribed the above treatments)

Jozef Murar, M.D.

Orthopaedic Surgeon