- 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
- 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.
- 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

- 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
 - dose 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
- 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. 目liptical 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)
- 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. ⊟liptical 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 slow speed and limited distance, with progression as symptoms permit