



**Xinning Li, M.D.**



**Assistant Professor  
Sports Medicine and Shoulder Surgery  
Boston University School of Medicine – Boston Medical Center  
Boston University Athletics – Team Physician  
725 Albany Street – 4<sup>th</sup> Floor  
Boston, MA 02118  
(617) 638-5633 (Telephone – Shapiro Office)  
(617) 638-3400 (Telephone – Ryan Center)  
(617) 414-5226 (Fax)**

**Patient Name:**

**Date:**

Diagnosis: s/p ( LEFT or RIGHT ) ACHILLES TENDON REPAIR

**ACHILLES TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION**

**POSTOP:**

\_\_\_ NWB in plaster splint in Plantar Flexion for 10 - 14 days

**AT FIRST POST-OP VISIT:**

\_\_\_ Switch to CAM Walker Boot in Neutral (flat foot). PWB with crutches until 6 weeks

\_\_\_ Walk with flat foot – No Active Plantar Flexion

\_\_\_ Remove CAM Walker Boot each day for :

Active Dorsi Flexion to Neutral; Passive Plantar Flexion. No Passive Heel Cord stretching

\_\_\_ Can use Exercise Bike with Cam Walker Boot on

\_\_\_ Active Inversion / Eversion ROM

**AT 6 WEEKS:**

\_\_\_ Begin Active Plantar Flexion – begin with isometrics, progress to isotonic

\_\_\_ Dorsi Flexion isotonic

\_\_\_ Achilles tendon stretch with towel. ROM exercises

\_\_\_ Begin FWB at 6 weeks

\_\_\_ Wear CAM Walker Boot up to 8 weeks post-op. Can use high top shoe after CAM Walker

**AT 12 WEEKS:**

\_\_\_ Continue Plantar Flexion and Dorsi Flexion isotonic

\_\_\_ Add isokinetic

\_\_\_ Continue Inversion / Eversion isotonic

\_\_\_ Proprioception training

\_\_\_ Retro program, Stairmaster, Versiclimber

Treatment: \_\_\_\_\_ times per week      \_\_\_ Home Program

Duration: \_\_\_\_\_ weeks

**Physician's Signature:** \_\_\_\_\_

**Xinning Li, MD  
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Boston University School of Medicine  
[www.xinningli.com](http://www.xinningli.com)**