

🗖 Frisbie Memorial Hospital 🔲 Marsh Brook Rehabilitation Service		Wentworth-Douglass Hospital		Durham: Rei	hab and Sports	Therapy	Center
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# **Achilles Tendinopathy Protocol**

Week one to four	Weeks four to eight				
Initial Evaluation	Evaluate				
<ul> <li>Active range of motion (especially DF with knee extended and flexed)</li> <li>Swelling/tenderness</li> <li>Gait</li> <li>Subtalar Joint ROM, forefoot alignment</li> <li>Plantar flexion strength and endurance</li> <li>Assess RTW and sport expectations</li> <li>Abnormal lower extremity biomechanics/deviations</li> </ul>	<ul> <li>Active range of Motion</li> <li>Swelling and tenderness</li> <li>Balance/single leg heel raise</li> </ul>				
Patient Education	Patient Education				
<ul> <li>Support Physician prescribed meds</li> <li>Discuss use of orthotics, heel lift or night splint if needed</li> <li>Discuss frequency and duration of treatment (2-3x/wk is expected for 4-8 weeks depending on how the patient presents)</li> </ul>	➤ Recommend appropriate training limits				
Therapeutic Exercise	Therapeutic Exercise				
<ul> <li>Initiate stationary bicycle</li> <li>Incorporate an eccentric loading program as symptoms allow</li> <li>Pelvic stabilizer strengthening</li> <li>Gastroc and Soleus stretching as tolerated</li> </ul>	<ul> <li>Elliptical/walking on treadmill</li> <li>Progress squatting activity, and forward step up</li> <li>Single leg isotonic planes. Emphasize single leg eccentric</li> <li>Progress to closed chain exercises on unstable surfaces</li> <li>Core and pelvic stabilizer strengthening</li> <li>Single leg dynamic balance</li> </ul>				
Manual Techniques	Manual Techniques				
<ul> <li>STM including Graston Technique</li> <li>PROM, Mobilization</li> <li>Taping</li> </ul>	PROM, Mobilization as needed				
Modalities	Modalities				
<ul> <li>Modality use as indicated based on the presence of inflammation to be determined on a case by case basis via the physician and or clinician</li> <li>Goals</li> </ul>	<ul> <li>Modality use as indicated based on the presence of inflammation to be determined on a case by case basis via the physician and or clinician</li> <li>Goals</li> </ul>				
<ul> <li>Control pain</li> <li>Reduce swelling and tenderness</li> <li>Increase gastroc strength and endurance</li> <li>Normalize gait</li> </ul>	➤ Able to SL heel raise without pain				



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# Weeks eight to discharge

### **Evaluate**

- Strength and balance
- ➤ Address any deficits that may limit return to work or sport goals
- ➤ HEP compliance

# **Therapeutic Exercise**

- Progress balance activity to single leg dynamic activity and unstable surfaces
- > Sports specific exercises
- ➤ Complete agility and running activity as tolerated
- May begin bilateral low level plyometrics as tolerated
- ➤ Encourage participation in the CFA

## **Manual Techniques**

Modality use as indicated based on the presence of inflammation to be determined on a case by case basis via the physician and or clinician

## **Modalities**

> Any as Indicated

## Goals

- Normal strength
- Return to work or sport
- ➤ Independence with HEP

#### **References:**

C. R. Carcia, M.L. Robroy, J. Houck, D. K. Wukich. Achilles Pain, Stiffness, and Muscle Power Deficits: Achilles Tendinitis. J Orthop Sports Phys Ther. 2010.

J. Dubin. Evidence Based Treatment for Achilles Tendon Injuries – Review of Literature 2000.

M. Moeller, K. Lind, J. Styf, J. Karlsson. The Reliability of Isokinetic Testing of the Ankle Joint and a Heel-raise Test for Endurance. 2005