

Dr. Hjelm Achilles Tendinopathy Rehab Protocol

Time Frame	Treatment	Goals
Phase I (Weeks 1-2)	<ul style="list-style-type: none"> - Eccentric Lowering: 3x30" lowering off of a step, 2-3x/day (both bent and straight knee) - 4-way banded ankle strengthening (each plane only as indicated) with eccentric focus - Education regarding activity modification, self-massage, and proper footwear/gait pattern - See in-clinic 1-2x/wk for progressive strengthening, balance, stretching progressions, light STM/IASTM, modalities such as ultrasound and iontophoresis, and reviewing HEP for proper form - Bracing/boot per physician orders 	<ul style="list-style-type: none"> - Independence with HEP and understanding of all education provided.
Phase II (Weeks 2-6)	<ul style="list-style-type: none"> - Continue with exercises and interventions listed above as indicated - Consider IASTM and STM as appropriate - As indicated, begin adding heel raise strengthening variations both for HEP progression and in-clinic strengthening including both seated (soleus) and standing (gastroc): Start with double leg calf raises with eccentric focus and progress to double leg concentric, SL eccentric. Progress to SL heel raises with eccentric lowering as patient tolerates - Progress balance based exercises - Static stretching (both bent and straight knee in standing or long sitting) 3x30", 2-3x/day - See in-clinic 1-2x/wk as indicated 	<ul style="list-style-type: none"> - Good tolerance to eccentric lowering and heel raise strengthening progressions.
Phase III (Weeks 6-8)	<ul style="list-style-type: none"> - Continue with exercise progressions and interventions listed above as indicated - Progress load with heel raises if appropriate and begin strengthening more proximal musculature as needed - Discuss programming discharge HEP with patient and gradual progression into normal activity level - See in-clinic 1-2x/wk as indicated 	<ul style="list-style-type: none"> - Able to complete single leg heel raises without increase in pain. - WNL non-antalgic gait pattern. - Good ankle control and stability. - 75-100% improvement in symptoms before DC to independent HEP.