

- Phase I**
- Week 1 – Weightbearing Status: Partial**  
Instruction in protection of the surgical site.  
*Exercise:* Range of motion: Out-of-splint active range-of-motion flexion/dorsiflexion, 2 sets of 5 repetitions, 3 times daily
- Week 2 – Weightbearing Status: Progressive Partial Weightbearing**  
*Exercise:* Range of motion: Plantar/flexion/dorsiflexion, 2 sets of 20 repetitions. Inversion/eversion, 2 sets of 20 repetitions. Circumduction (both directions), 2 sets of 20 repetitions.  
*Strength exercise:* Isometric inversion/eversion, 2 sets of 20 repetitions (in neutral). Toe curls with towel and weight.  
*Therapy adjuncts:* Gentle manual mobilization of scar tissue. Cryotherapy with caution for any open areas of the wound.
- Week 3 – Weightbearing Status: Progressive Partial Weightbearing Program in Walker Splint to Full Weightbearing**  
*Range of motion:* Previous acute range of motion (AROM) exercise continued. Gentle passive stretching into dorsiflexion with strap or towel begins.  
*Strength exercise:* Isometric inversion/eversion, 2 sets of 10 repetitions. Isometric plantar flexion, 2 sets of 10 repetitions, progression to 2 sets of 20 over course of week 3. One rubberband inversion/eversion, 2 sets, 10 repetitions. On rubberband plantarflexion and dorsiflexion, 2 sets, 10 repetitions.  
*Conditioning activities:* Stationary cycling begins, 7 to 12 minutes, minimal resistance. Water exercise can begin under totally buoyant conditions with use of a floatation device. In the water, ankle range of motion and running or walking activities can be initiated to preserve fitness in the lower body. No weightbearing activities can be done in the water.  
*Therapy adjuncts:* Manual mobilization of scar and cryotherapy continues.
- Phase II**
- Weeks 4 - 6 – Weightbearing Status: Full Weightbearing**  
*Range of motion:* Previous range of motion exercise decreased to 1 set of 10 repetitions each direction. Passive stretch continues into dorsiflexion with progressively greater efforts, knee at full extension and flexed to 35 to 40 degrees. Begin standing calf-stretch, knee fully extended and flexed at week 5.  
*Stretch exercise:* Decrease isometrics to 1 set of 20 inversion/eversion and plantar flexion. Progress to three rubberband. Eversion, inversion, dorsiflexion and plantar flexion, 3 sets of 20 repetitions. Stationary cycling to 20 minutes with minimal resistance.  
*Conditioning activities:* Cycling as outlined above. Water exercise continues in totally buoyant state.  
*Therapy adjuncts:* Gentle cross-fiber massage to Achilles tendon to release adhesions between the tendon and peritenon. Cryotherapy continues: ultrasound, phonophoresis and electrical stimulation may be added for chronic swelling or excessive scar formation.
- Phase III**
- Weeks 6 – 12 – Weightbearing Status: Full Weightbearing in Cowboy Boots**  
*Range of motion:* Further progressed with standing calf-stretch.  
*Strength exercises:* Omit isometrics. Continue three rubberband ankle strengthening in all directions. Begin double-legged toe raises with body weight as tolerated. Balance board exercises are begun for proprioceptive training.  
*Conditioning activities:* Stationary cycling: treadmill walking: Stairmaster: water exercises in chest-deep water.  
*Therapy adjuncts:* As needed.
- Phase IV**
- Weeks 12 and Beyond**  
*Strength exercises:* Toe raises should progress to use of additional weight at least as great as body weight, and in case of athletes, up to 1.5 times body weight. Single-legged toe raises are begun as tolerated.  
*Conditioning activities:* Progress to jogging on a trampoline and then to treadmill running via a walk-run program. Eventually, perform steady state outdoor running up to 20 minutes before adding figure-eight and cutting drills. Water exercise performed in shallow (waist-deep) water. In the water, begin to include hopping, bounding, and jumping drills.