






Comprehensive Achilles Loading Protocol

Week 1-2 (longer if necessary) SYMPTOM MANAGEMENT AND LOAD REDUCTION PHASE

Patient Status	Loading Intensity	Goals
Pain and difficulty with all activities, difficulty performing 10 x 1 leg heel raises.	Progress loading up to 100% body weight with slow, controlled motion. If needed begin with aquatic , body weight support, or isometric plantar flexion.	Start to exercise, and understand the nature of the injury and how to use the pain monitoring model.

Exercise Program 1







 <p>Dorsiflexion/plantarflexion (Sets:3 Repetitions:10)</p>	 <p>Plantar flexion on two legs- (Sets:3 Repetitions:10)</p>
 <p>Single leg heel raise- (Sets:3 Repetitions:10)</p>	 <p>Resisted plantar flexion (Sets:3 Repetitions:10)</p>
 <p>Eccentric calf raise (leg straight) (Sets:3 Repetitions:10)raises</p>	

Week 2-5 (longer if necessary) RECOVERY PHASE.

If pain at the distal insertion of the tendon, continue standing on the floor

Patient Status	Loading Intensity	Goals
Pain with exercise, morning stiffness, pain when performing heel raises.	The load on the Achillies tendon is increased by increasing the speed of the movement and by adding external resistance. External resistance is introduced once the patient can complete the body weight treatment program without difficulty.	Start strengthening

Exercise Program 2

 <p>Calves strengthening (Sets:3 Repetitions:15 :once daily)</p>	 <p>Plantar flexion, 1 foot (Sets:3 Repetitions:15 :once daily)</p>
 <p>Eccentric calf raise (2 up, 1 down) (Sets:3 Repetitions:15 :once daily)</p>	 <p>Weighted seated heel raise (Sets:3 Repetitions:15 :once daily)</p>
  <p>Quick-rebounding calf raise (2 legs) 150 beats per minute (Sets:3 Repetitions:20)</p>	

Week 3-12 (or longer if necessary) REBUILDING PHASE

If pain at distal insertion continue standing on floor

Patient Status	Loading Intensity	Goals
Tolerates the recovery phase exercise program well, no pain at the distal tendon insertion, possibly decreased or increased stiffness.	Continue to progress external resistance and initiate plyometric exercises according to patient tolerance	Heavier strength training, increase or start running or jumping activity.

Exercise program- perform exercises every day and with heavier load 2-3 times per week.

 <p>Db single-leg heel raise on step (Sets:3 Repetitions:15 Weight:10-20kg)</p>	 <p>Eccentric calf raise (2 up, 1 down) (Sets:3 Repetitions:15 Weight:10-20kg)</p>
 <p>Soleus raise in squat position against the wall, eccentric on one leg (Sets:3 Repetitions:15 Weight:10-20kg)</p>	 <p>Quick-rebounding calf raise (2 legs) 150 beats per minute (Sets:3 Repetitions:20)</p>
<p>Sport specific plyometrics</p>	

3-6 months (or longer if necessary) RETURN TO SPORT PHASE

Patient Status	Loading Intensity	Goals
Minimal symptoms, some but not daily morning stiffness, can participate in sports without difficulty.	Progress from previous phase to include sport specific loading speed and movement patterns on high intensity days.	Maintenance exercise, no symptoms.

Exercise program- perform exercises 2-3 times per week

