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## Physical Therapy Prescription Achilles Tendonitis

**Patient Name:**

**Today's Date:**

**Dx: ( LEFT / RIGHT ) Achilles Tendonitis**

- Ice Massage / Ice Bath / Whirlpool
- Anti-Inflammatory Modalities
- Range of Motion      Active / Active-Assisted / Passive
- Flexibility of heel cord
- Compression – Aircast / Jobst Intermittent Compression
- Isometrics for Inversion / Eversion – Progress to Isokinetics and Isotonics
- Isotonics for Plantar / Dorsiflexion. Eccentrics for plantar flexion
- Proprioception training, BAPS
- Advance to Lateral step-ups, Sport-cord, Euroglide

**Frequency & Duration:** (circle one) 1-2    2-3 x/week for \_\_\_\_\_ weeks    Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**