

<i>PHASE I</i> Acute Phase	NWB in CAM boot	*Control pain and swelling *Restore pain free ROM	RICE, ESTIM ROM-Ankle pumps, ankle circles, toe curls Strengthenig- Ankle isometrics, hip AB/Ext/ER isotonics	*Minimize joint effusion and edema *Avoid forceful DF and rotation to protect healing structures
<i>PHASE II</i> Sub-Acute Phase	WBAT with CAM boot	* *Maintain ROM and flexibility *Progress WB and normalize gait mechanics *Improve strength and initiate double-limb balance exercises	-Gastroc/soleus towel stretch, tilt board/wobble board ROM -Bicycle without resistance -Ankle isotonics with Theraband, seated heel raises, seated toe raises (pain free ROM), body weight squat -Double-limb standing activities on foam, standing hip isotonics	*Avoid forceful DF and rotation to protect healing structures
<i>PHASE III</i> Strengthening Phase	FWB in shoes + ASO ankle brace	*Maximize strength, initiate CKC exercises *Maximize neuromuscular control, initiate single-limb exercises *Initiate treadmill walking	- Gastroc/soleus wall stretch, ROM/Stretching standing tilt board/wobble board ROM - Bicycle/elliptical/treadmill -single-limb heel raises, forward lunges, lateral lunges, resisted hip AB walks, plank and side plank, single-limb bridge -Single-limb standing activities	*Avoid forceful DF and rotation to protect healing structures *Caution pivoting or lateral movements *Not cleared to return sports
<i>PHASE IV</i> Return to sports	FWB in shoes	*Continue dynamic strengthening and proprioceptive exercises *Initiate jog-to-run progression *Initiate cutting, pivoting and sport specific drills	- Gastroc/soleus wall stretch, standing tilt board/wobble board ROM -jogging -continue single-limb squat and dead lift -single-limb balance with step-up on uneven surfaces -wall jump, double-leg vertical jumps -initiate sports-specific drills	*Cleared for return to sport per physician

Flexor Hallucis Longus Tendonitis/Posterior Impingement Non-Operative Physical Therapy Protocol

General Rehabilitation Guidelines

Treatment is usually conservative. Initially:

- NSAIDS
- Ice
- Active rest
- Avoidance of excessive plantarflexion, heel lifts or heel raise exercise
- Achilles stretches (address tightness at ITB, HS and Piriformis as well)
- Ultrasound, phonophoresis, iontophoresis
- Soft tissue mobilization to stress the posterior capsule

- Subtalar joint mobilizations (also to stress posterior capsule)

As symptoms decrease:

- Progress with above as necessary
- Initiate open and closed chain exercises (theraband, cuff weights, weight shifts to lunging sequence, sportcord etc)
- Proprioception exercises (diagonal doming, SLB sequence, BAPS, rockerboard with and without perturbations etc.)
- Training modification (avoid excessive pronation, “rolling in”)
- Include hip and buttock strengthening to progression (Piriformis/ITB important to train)
- Orthotics to prevent excessive pronation

***Stress proper foot mechanics with all closed chain activities!**