Phase of Healing	Time Frame	Restrictions	Rehabilitation
Phase 1: Inflammatory	Days 0-5	 No use of NSAIDs or ice Non weight bearing with crutches in CAM boot & crutches Avoid stretching into ankle dorsiflexion 	- Rest - Acetaminophen as needed for pain - Begin gentle ROM
Phase 2: Proliferative	Day 6 - Week 2	- No use of NSAIDs or ice - Progress to full weight bearing in CAM boot with crutch assist	- Rest - Continue gentle ROM - Slowly progress to partial weight bearing and then full weight while in CAM boot
	Weeks 2 - 4	- No use of NSAIDs or ice - Slowly progress out of boot to weight bear as tolerated, use boot as needed when outdoors - Avoid painful exercises with pain more than 3 out of 10	- Continue gentle ROM - Start gentle calf stretching - Begin isometric ankle strengthening - Slowly progress out of boot to weight bearing as tolerated - Start low impact aerobic exercise (stationary bike or pool)
	Weeks 4 - 6	- Avoid abrupt increases in tendon stress with exercise, lifting, or high impact activity such as running, jumping, and heavy weight lifting - Avoid extreme dorsiflexion (for insertional tendinopathy)	 Progressive ankle strengthening with resistance bands Gait training Lower limb strengthening (bridges, mini squats, step ups) Double and single leg balance and proprioception exercises Aerobic exercise (stationary bike, walking progression)
Phase 3: Remodeling	Weeks 6+	- Avoid painful exercises with pain more than 3 out of 10 - Avoid extreme dorsiflexion (for insertional tendinopathy)	 Increase load capacity for lower limb strengthening exercises Continue balance and proprioception exercises Plyometric, agility, work / sport specific training Gradual return to work / sports progression