

## Physical Therapy Treatment Plan

**Patient Name:** Ethan Matthews

**Date of Birth:** 04/18/1993

**Start of Care:** 02/12/2025

**Payer:** Private Insurance

**Hospitalization:** None

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### Diagnosis

The patient has the following diagnoses: Med – Achilles Tendinosis in the right leg (M76.60) and left leg (M76.61), and Tx – pain in the right ankle (M25.57) and left ankle (M25.56), all with an onset date of 01/15/2025.

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### Treatment Approaches

- **PT Evaluation** (Initial evaluation of ankle range of motion (ROM), strength, and functional limitations to assess the severity of Achilles tendinosis and plan a course of treatment.)
  - **Manual Therapy** (Soft tissue mobilization to the Achilles tendon and calf muscles, joint mobilizations to improve ankle mobility.)
  - **Therapeutic Exercises** (Progressive eccentric loading exercises for Achilles tendon strengthening, calf stretches, balance exercises for ankle stability.)
  - **Neuromuscular Reeducation** (Proprioception exercises to improve balance and ankle control during functional movements like running or jumping.)
  - **Modalities** (Ice for inflammation management, heat for muscle relaxation, and TENS for pain relief.)
  - **Functional Training** (Training in proper running mechanics and plyometric exercises to reduce strain on the Achilles tendon and prevent recurrence.)
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### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
  - **Duration:** 8-10 weeks
  - **Intensity:** Moderate intensity, progress based on symptom response
  - **Certified Period:** 02/12/2025 - 04/26/2025
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## **Plan of Treatment**

### **Short Term Goals**

1. Ethan will demonstrate 15% improvement in ankle dorsiflexion ROM within 4 weeks (Target: 03/12/2025).
2. Ethan will be able to perform calf raises with 50% of body weight without pain or discomfort within 4 weeks (Target: 03/12/2025).
3. Ethan will report a 30% reduction in ankle pain during running or basketball within 4 weeks (Target: 03/12/2025).
4. Ethan will be able to perform basic ankle strengthening exercises (e.g., theraband resistance) without pain within 3 weeks (Target: 03/05/2025).

### **Long Term Goals**

1. Ethan will achieve full pain-free dorsiflexion ROM (greater than 20°) by the end of treatment (Target: 04/26/2025).
2. Ethan will be able to run or play basketball without pain or discomfort in the Achilles tendon by the end of treatment (Target: 04/26/2025).
3. Ethan will demonstrate full strength in the Achilles tendon and calf muscles with the ability to perform single-leg heel raises with no compensation by the end of treatment (Target: 04/26/2025).
4. Ethan will independently perform a home exercise program (HEP) focusing on tendon strengthening, calf stretches, and proprioception exercises by the end of treatment (Target: 04/26/2025).

### **Patient Goals**

- "I want to get back to playing basketball and running without pain in my ankle."
- "I want to be able to push off my foot without feeling stiffness or discomfort."

### **Potential for Achieving Goals**

- Ethan is highly motivated and has a strong commitment to rehabilitation. His prior level of function (PLOF) is high, and he demonstrates a good response to early interventions, indicating a high likelihood of success with the prescribed rehabilitation plan.

### **Participation**

- Ethan is actively participating in therapy, eager to recover and return to his sports activities without limitations.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Ethan was referred for physical therapy due to Achilles tendinosis, resulting in pain and functional limitations that affect his ability to run and jump without discomfort.
  - **Medical History:** No significant comorbidities, other than a history of sports-related overuse injuries.
  - **Complexities:** Limited dorsiflexion ROM and Achilles tendon pain during dynamic movements like running, cutting, or jumping.
  - **Prior Treatment:** Ethan has tried rest and self-stretching with minimal relief.
  - **Prior Living Situation:** Active lifestyle, particularly with running and playing basketball.
  - **Discharge Plan:** Return to full activity levels without pain or functional limitations.
  - **Prior Level of Function (PLOF):** Ethan was highly active and pain-free prior to the onset of symptoms.
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### Background Assessment

- **Precautions:** Avoid excessive loading on the Achilles tendon during early stages of rehabilitation, particularly during high-impact or plyometric exercises.
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### Joint ROM / Goniometric Measurements

- **Dorsiflexion (Right):** 10° (Normal: 20°)
  - **Dorsiflexion (Left):** 8° (Normal: 20°)
  - **Plantarflexion (Right):** 45° (Normal: 50°)
  - **Plantarflexion (Left):** 43° (Normal: 50°)
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### Strength / Manual Muscle Testing

- **Calf Strength (Right):** 4-/5 (Fair+)
  - **Calf Strength (Left):** 4/5 (Good)
  - **Ankle Dorsiflexion Strength (Right):** 3+/5 (Fair+)
  - **Ankle Dorsiflexion Strength (Left):** 3/5 (Fair)
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## Balance

- **Sitting Balance:** Good
  - **Standing Balance:** Fair, with minor instability when performing dynamic movements
  - **Reactions & Strategies:** Normal, though slight deficits in ankle proprioception when performing single-leg balance tasks.
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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal
  - **Tone and Posture:** Mild tightness in the calf muscles, which could contribute to limited ankle mobility.
  - **Pain and Edema:** Mild to moderate pain (VAS 5/10) during running, with mild swelling at the Achilles tendon area.
  - **Coordination:** No significant coordination issues, but slight loss of balance during advanced functional tasks.
  - **Cognition:** Cognitively intact and understands rehabilitation requirements.
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## Visual Assessment

- **History and Analysis:** Achilles tendon pain with associated tightness in the calf and limited dorsiflexion. No signs of Achilles rupture or other structural injury.
  - **Testing:** Positive tenderness and swelling along the Achilles tendon, especially after activity.
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## Functional Assessment

- **Running:** Difficulty running longer distances without pain in the Achilles tendon.
  - **Jumping:** Difficulty with explosive movements like jumping or changing direction quickly.
  - **Walking:** Mild pain and discomfort after prolonged walking or standing.
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
    - **Ankle Pain Severity:** VAS 5/10 during running and jumping.
    - **ROM Testing:** Limited dorsiflexion with minimal plantarflexion restriction.
    - **Strength Testing:** Reduced strength in dorsiflexion and calf muscles, especially after activity.
  - **Other:** Home Exercise Program (HEP) focusing on eccentric calf strengthening, ankle mobility exercises, and stretching to improve flexibility.
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## Clinical Impressions

Ethan presents with Achilles tendinosis, characterized by pain, stiffness, and weakness in the Achilles tendon, likely caused by overuse during running and basketball. Physical therapy interventions focusing on eccentric loading exercises, joint mobilizations, and stretching are expected to improve his condition. With consistent treatment, Ethan should be able to return to sports and activities without pain or limitations.

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## Test/Measures and Outcomes

- **Pain Reduction:** Goal to reduce pain by 30% in 4 weeks with appropriate interventions.
- **ROM Improvement:** Goal to improve dorsiflexion to 15° within 4 weeks.
- **Strength Restoration:** Goal to achieve full strength in the calf muscles and dorsiflexors by the end of treatment.
- **Functional Return:** Goal to return to running and jumping without pain or discomfort by the end of treatment.