

Wean off Crutches

Week 1	Use both crutches and bear as much weight as tolerated
Week 2	Use 1 crutch on side opposite of your injury

Wean out of Boot

	Daytime (8-4 pm)		Evenings (4 pm On)	
Week 1	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe
	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert
Week 2	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe
-(Mon, Wed, Fri)	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert
-(Tues, Thurs, Sat, Sun)	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe
	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert
Week 3	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe	<input type="checkbox"/> Boot	<input type="checkbox"/> Shoe
	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert	<input type="checkbox"/> Brace	<input type="checkbox"/> Insert

Cardiovascular Exercise

Boot Brace Shoe Insert

	Exercise Equipment	Minutes			Times Per Week		
Week 1	<input type="checkbox"/> Stationary Bike	10	15	20	3	4	5
	<input type="checkbox"/> Stairmaster						
	<input type="checkbox"/> Elliptical						
Week 2	<input type="checkbox"/> Stationary Bike	15	20	25	3	4	5
	<input type="checkbox"/> Stairmaster						
	<input type="checkbox"/> Elliptical						
Week 3	<input type="checkbox"/> Stationary Bike	20	25	30	3	4	5
	<input type="checkbox"/> Stairmaster						
	<input type="checkbox"/> Elliptical						