

Keep patients moving after discharge.

Rebound gives **cleared patients recovering from a knee or Achilles injury** a structured return-to-running plan that adapts to symptom reports – without adding work for your clinic.

Developed with biomedical engineering and DPT input, with a focus on graded progression, recovery, and long-term return to activity.

Structured progression

13 graded stages from walk/run intervals to 30 minutes continuous.

Rule-based adaptation

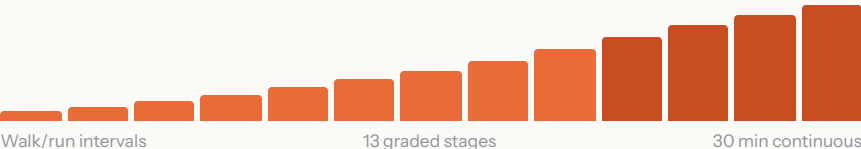
Upcoming sessions change from pain reports using fixed clinical rules.

Built-in safety stops

Red flags pause the plan and direct the user back to professional care.

From walk/run intervals to continuous running

A 13-stage ladder is interleaved with strength work for the injured area: knee-targeted after a knee injury, calf strengthening after an Achilles injury. Every run begins and ends with a 5-minute walk.



Start where the patient is

Intake considers the injury and its site, surgical history, and current activity.

Progress only when tolerated

Advancement is capped at one stage per calendar week.

Ambition never sets the starting stage. Intake and symptom rules bound the plan; completed-session and next-morning reports shape what comes next.

A simple pain-monitoring model

Before each run, after each session and the next morning, the user reports joint, bone or tendon pain (0 to 10) with its site and side, and checks for red flags. Muscle soreness is not scored.

Continue	Hold or step back	Pause
Location-specific	The tolerance for mild pain belongs to the named injured place alone: the knee the patient reported, or the Achilles. Pain anywhere else is treated as a new symptom.	
Response-based	Mild pain at the injured place is judged against that run's own pre-run reading the next morning: settled, the plan continues; raised, it holds or steps back a stage. Pain elsewhere, and every strict profile (an unspecified knee, IT band, a repaired Achilles rupture, no injury), steps back at once.	
Safety pauses	A high reading before a run or the next morning, pain raised again on the run after a step back, or any red flag pauses the plan until the user has sought professional advice.	

Red flags stop the plan. Sharp/stabbing pain, swelling, instability/giving way, night pain, or a crescendo pain pattern prompts a pause and directs the user to professional care.



Pilot Rebound with your patients

Scan to preview the patient experience. Sign in with email, complete the short intake, and inspect the program in about two minutes.

Free during early access No clinic integration Nothing to install
reboundrunning.com/recovery

AI coaches. Rules decide.

AI can personalize coaching notes, strength emphasis, and explanations. **It does not make progression or safety decisions.** Those come from the rules engine, and the program can run without AI.

Eligibility and safeguards

- Designed for patients already cleared to be active
- Surgical history and time since procedure gate whether a plan can start; a repaired Achilles rupture also needs the treating clinician's clearance and a readiness checklist
- Red flags pause training and direct the user to professional care
- Muscle soreness is distinguished from joint, bone or tendon pain

Built for the gap after PT

Rebound is a mobile web app, not a diagnostic or treatment tool. Patients can use it without clinic integration or an app-store install.

We want clinician feedback

If the progression or decision rules conflict with how you would manage a patient, we want to hear it. Full stage tables, decision rules, and evidence notes are available on request.