

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) ANKLE FRACTURE ORIF
DATE OF SURGERY _____

ANKLE PHYSICAL THERAPY PRESCRIPTION

ESTIMATED TIMELINE FOR RECOVERY

- 1) WEEKS 0-2 : PLASTER SPLINT—2 WEEKS ON CRUTCHES—NON WEIGHT BEARING, SUTURES OUT AT 2 WEEKS
 - 2) WEEKS 2-6: WALKING BOOT, START RANGE OF MOTION AND PHYSICAL THERAPY, BUT STILL NO WEIGHT ON LEG
 - 3) APPROX WEEKS 6-10: WALKING BOOT, OFF CRUTCHES, WEIGHT BEAR AS TOLERATED
 - 4) APPROX WEEK 8-12: OFF CRUTCHES, REGULAR SHOE, START PHYSICAL THERAPY FOR STRENGTH AND SPORT SPECIFIC TRAINING IF HEALED ON XRAY
 - 5) XRAYs 2, 6, 12 WEEKS POSTOP
- After week 2, Out of boot twice a day for:
 - ___ Ice Massage / Ice Bath / Whirlpool
 - ___ Anti-Inflammatory Modalities
 - ___ Range of Motion Active / Active-Assisted / Passive
 - ___ Isometrics for Inversion / Eversion – Progress to Isokinetics and Isotonics
 - ___ Isotonics for Plantar / Dorsiflexion
 - When radiographic evidence of healing (6-10 weeks) and cleared by surgeon, wean boot and start:
 - ___ Proprioception training, BAPS
 - ___ Advance to Lateral step-ups, Sport-cord, Euroglide, agility
 - ___ Needs ASO for return to running/sport—approx 12 weeks

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____
Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC