

PHYSICAL THERAPY PRESCRIPTION

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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

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PATIENT STICKER

DIAGNOSIS:

DATE _____

ANKLE PHYSICAL THERAPY PRESCRIPTION

___ Ice Massage / Ice Bath / Whirlpool

___ Anti-Inflammatory Modalities

___ Range of Motion Active / Active-Assisted / Passive

___ Flexibility

___ Compression – Aircast / Jobst Intermittent Compression

___ Isometrics for Inversion / Eversion – Progress to Isokinetics and Isotonics

___ Isotonics for Plantar / Dorsiflexion

___ Proprioception training, BAPS

___ Advance to Lateral step-ups, Sport-cord, Euroglide

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC