PHYSICAL THERAPY PRESCRIPTION



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| PATIENT STICKER | |
|-----------------|--|
| | |

ANKLE PHYSICAL THERAPY

| Side: □ Right | □ Left | □ Bilatera |
|----------------------|--------|------------|
|----------------------|--------|------------|

Diagnosis: ☐ Low Ankle Sprain ☐ High Ankle Sprain ☐ Other: _____

ACUTE PHASE

- Cryotherapy (ice, ice massage, ice bath/whirlpool, Cryocuff)
- Compression (Jobst intermittent compression)
- E-stim, Ultrasound
- ROM / Flexibility / CPM
- NWB PWB proprioception activities
- Maximum protection splint, taping, Aircast

INTERMEDIATE PHASE

- ROM / Flexibility
- Isometrics for inversion/eversion
- Isotonics for plantar/dorsi flexion
- Functional activities (squat-type exercises, BAPS, Sportcord drills)
- Stationary cycling
- Aquatrex walking
- Retro ambulation
- Limited functional activities
- Cryotherapy
- Moderate protection (during activities and ADLs)

LATE PHASE

- Isotonics and isokinetics all planes
- Advanced functional activities (Sportcord, lateral step-ups, BAPS with intrinsic loading, Fitter, Euroglide)
- Stationary cycling
- Begin Retro program
- Aquatrex running
- Treadmill forward and retro
- Stairmaster, Versaclimber as tolerated
- Flexibility activities
- Limited functional / sporting activities
- Cryotherapy

FINE TUNING PHASE

- Aggressive functional activities (Sportcord, Plyometric-type activities, Agility activities)
- Isokinetic and functional tests
- Eliminate strength deficits before full return to sporting activities

| Frequency & Duration: ☐ 1-2 | ☐ 2-3 x/week for | weeks | Home Program |
|-----------------------------|------------------|-------|--------------|
| Physician's Signature: | | M.D. | |