



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

