PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
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Keck School of Medicine of USC

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