

PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

Keck School of Medicine of USC

1520 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Phone: 323.442.5860

Fax: 323.442.6952

www.gamradtortho.com

Keck School of
Medicine of USC

PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) 5th Metatarsal Fracture ORIF

DATE OF SURGERY _____

FOOT PHYSICAL THERAPY PRESCRIPTION: 5th Metatarsal Fracture ORIF

- ___ Non---weightbearing for 4 weeks followed by progressive weightbearing in boot
X---rays will be taken at 4 and 8 weeks
- Out of boot twice a day for:
 - ___ Bone Stimulator
 - ___ 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---8 weeks) wean boot and start:
 - ___ Proprioception training, BAPS
 - ___ Advance to Lateral step---ups, Sport---cord, Euroglide
 - ___ Needs semirigid in---shoe orthotic for return to running/sport—8+ weeks

Treatment: _____ **times per week** **Duration:** _____ **weeks**

Physician's Signature: _____

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

