

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
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PATIENT STICKER

DATE OF SURGERY: _____

DIAGNOSIS: (LEFT / RIGHT) 5th Metatarsal Fracture ORIF

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), wear 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: _____

Frank A. Petrigliano MD, Attending Orthopaedic Surgeon, USC