

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
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PATIENT STICKER

DATE OF SURGERY: _____

DIAGNOSIS: (LEFT / RIGHT) ANKLE FRACTURE ORIF

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 2-8: WALKING BOOT, START RANGE OF MOTION AND PHYSICAL THERAPY, BUT STILL NO WEIGHT ON LEG
3. APPROX WEEKS 8-12: WALKING BOOT, CRUTCHES, WEIGHT BEAR AS TOLERATED
4. APPROX WEEK 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: _____

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