

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine of USC

PATIENT STICKER

DATE: _____

DIAGNOSIS: (RIGHT/ LEFT)

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: 2 times per week ___ Home Program

Duration: 6 weeks

**Please send progress notes.

Physician's Signature: _____

Frank Petrigliano, MD, Attending Orthopaedic Surgeon, USC