

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) ANKLE FRACTURE ORIF

DATE OF SURGERY _____

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 2-6: WALKING BOOT, START RANGE OF MOTION AND PHYSICAL THERAPY, BUT STILL NO WEIGHT ON LEG
 3. APPROX WEEKS 6-10: WALKING BOOT, OFF CRUTCHES, WEIGHT BEAR AS TOLERATED
 4. APPROX WEEK 8-12: OFF CRUTCHES; REGULAR SHOE, START PHYSICAL THERAPY FOR STRENGTH AND SPORT SPECIFIC TRAINING IF HEALED ON X-RAY
 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: _____