

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT/RIGHT) 5th Metatarsal Fracture ORIF

DATE OF SURGERY _____

FOOT PHYSICAL THERAPY PRESCRIPTION

- Non-weight bearing for 4 weeks followed by progressive weight bearing 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 semi-rigid in-shoe orthotic for return to running/sport--8+ weeks

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____ Date: _____