

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) 5th Metatarsal Fracture ORIF
DATE OF SURGERY _____

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) wean 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, UCLA