

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) ANKLE SPRAIN - GRADE I II III DATE_____

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: _____ times per week Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____

Frank Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA