

UCLA OUTPATIENT REHABILITATION SERVICES	
WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	SANTA MONICA 1260 15 th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	
Place label here	
NAME OF PATIENT: _____	
MRN: _____	

Kristofer J. Jones, M.D.

Sports Medicine, Shoulder Surgery and Cartilage Restoration
 UCLA Department of Orthopaedic Surgery
 David Geffen School of Medicine at UCLA
 10833 Le Conte Avenue, 76-143 CHS
 Los Angeles, CA 90095-6902
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ANKLE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Achilles Tendonitis

- 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: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

