

UCLA OUTPATIENT REHABILITATION SERVICES	
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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
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ANKLE SPRAIN PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Ankle Sprain Grade: I II III

ACUTE PHASE:

- Cryotherapy (ice, ice massage, ice bath/whirlpool, Cryocuff)
- Compression (Jobst intermittent compression)
- E-stim, Ultrasound
- ROM / Flexibility / CPM
- NWB – PWB proprioception activities
- Maximum protection – splint, taping, aircast

INTERMEDIATE PHASE:

- ROM / Flexibility
- Isometrics for inversion/eversion
- Isotonics for plantar/dorsi flexion
- Functional activities (squat-type exercises, BAPS, Sportcord drills)
- Stationary cycling
- Aquatrex walking

- Retro ambulation
- Limited functional activities
- Cryotherapy
- Moderate protection (during activities and ADL)

LATE PHASE:

- Isotonics in all planes
- Isokinetics in all planes
- Advanced functional activities (Sportcord, lateral step-ups, BAPS with intrinsic loading, Fitter, Euroglide)
- Stationary cycling
- Begin Retro program
- Aquatrex running
- Treadmill forward and retro
- Stairmaster, Versaclimber as tolerated
- Flexibility activities
- Limited functional / sporting activities
- Cryotherapy
- Minimal (sporting activities only)

FINE TUNING PHASE:

- Aggressive functional activities (Sportcord, Plyometric-type activities, Agility activities)
- Eliminate strength deficits
- Full return to sporting activities
- Isokinetic test
- Functional test

Treatment: _____ **times per week**

Home Program

Duration: _____ **weeks**

**Please send progress notes.

Physician's Signature: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon