

ANKLE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Peroneal 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