

Physical Therapy Prescription Ankle Sprain

Patient Name:

Today's Date:

Dx: (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

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ M.D.