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Physical Therapy Prescription Peroneal Tendonitis

Patient Name:

Today's Date:

Dx: (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

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

**Please send progress notes.

Physician's Signature: _____ **M.D.**