

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: ACHILLES TENDONITIS

Right Left Bilateral

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

Eccentric training for Gastroc-soleus complex

Isotonics for Plantar / Dorsiflexion

Proprioception training

Advance to Lateral step-ups, Sport-cord, Euroglide

____ Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507