

# PHYSICAL THERAPY PRESCRIPTION

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DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: ANKLE FRACTURE -  Medial Malleolus  Lateral Malleolus  Bimalleolar  
 Right  Left  Bilateral

Weightbearing status:  NWB  PWB  WBAT

\_\_\_ Anti-Inflammatory Modalities

\_\_\_ Range of Motion

\_\_\_ Flexibility

\_\_\_ Isometrics for Inversion / Eversion – Progress to Isokinetics and Isotonics

\_\_\_ Isotonics for Plantar / Dorsiflexion

\_\_\_ Proprioception training, BAPS

\_\_\_ 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