

# PHYSICAL THERAPY PRESCRIPTION

**Jeffrey Wong, MD**

SCOS Orthopedic Specialists  
18785 Brookhurst Street, Ste 100  
Fountain Valley, CA 92708  
(714) 500-5056 Phone  
(949) 900-2116 Fax

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

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

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

DIAGNOSIS: ANKLE SPRAIN

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

\_\_\_ 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