

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) TIBIA FRACTURE IMN

DATE OF SURGERY _____

ESTIMATED TIMELINE FOR RECOVERY

- 1) **WEEKS 0-6** : WBAT as tolerated in fracture boot. Use crutches as needed for balance. Sutures out at 2 weeks. Therapy to improve balance, knee and ankle motion.
- 2) **WEEKS 6-10**: Wean off crutches and out of fracture boot and into normal footwear. Therapy to improve strength.
- 3) **APPROX WEEK 10-12**: Regular shoes. Therapy for Sport specific training if fractures are healed on XRay.

___ Ice / Massage / Anti-Inflammatory Modalities

___ Range of Motion Active / Active-Assisted / Passive

___ Quadriceps and Hamstring stretching

___ Quadriceps Strengthening ___ V.M.O. Strengthening

___ Full Arc ___ 0-30° Arc

___ Hamstring Strengthening

___ Iliotibial Band Stretching / Strengthening

___ Adductor/Abductor Stretching / Strengthening

___ Straight Leg Raises / Quad Isometrics

___ Exercise Bike ___ Stairclimber

___ Achilles Tendon Stretching

___ Electrical Stimulation for Quadriceps

Treatment: _____ **times per week** **Duration:** _____ **weeks**

Physician's Signature: _____

Joel R. Weber, MD, Orthopaedic Surgeon, Evergreen Health