

PHYSICAL THERAPY PRESCRIPTION

JOEL WEBER, MD

ORTHOPEDIC & SPORTS CARE MONROE

EVERGREEN HEALTH

360.794.3300 APPT

360.794.6610 FAX



PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) TIBIA FRACTURE ORIF

DATE OF SURGERY _____

ESTIMATED TIMELINE FOR RECOVERY

- 1) **WEEKS 0-8 : NWB.** Crutches, walker or wheelchair. Brace to improve stability. Sutures out at 2 weeks. Therapy to improve balance, knee and ankle motion.
- 2) **WEEKS 8-10:** Wean off crutches and begin progressive weight bearing pending fracture healing on XRay. Wean out of brace when walking fully. Therapy to improve strength.
- 3) **APPROX WEEK 10-12:** 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