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WellSpan Orthopedics

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ANKLE SPRAIN/PROPRIOCEPTIVE TRAINING

Patient: _____ **Date:** _____ **Site:** **R** **L**

Weight Bearing Status: **FWB** **PWB** **TTWB** **NWB**

Assist: **Cane** **Crutches** **Walker**

MODALITIES:

- Modalities as Needed
- Cryo-therapy
- Aqua-therapy
- Ultrasound
- Whirlpool
- Sensory Re-education
- Soft Tissue Manipulation
- Other: _____
- Moist Heat
- Massage
- NMES
- TENS
- Scar Massage

EXERCISE:

- AROM
- AAROM
- PROM
- Gait Training
- Progress from DL to SL activities as tolerated
- Proprioceptive Training
- Core Stability
- Patient Education / Home Program
- Sport Specific Training

Please send progress notes.

Physician's Signature: _____

(/ have medically prescribed the above treatments)

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