

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

David Epstein M.D.

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☒ 197 Ridgedale Ave, 3rd floor
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Fax: 973-267-6882 (Sport)
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☐ 1590 Route 206
Bedminster, NJ 07921
Fax: 908-234-2022

☐ 757 Route 15
Lake Hopatcong, NJ 07849

FOOT & ANKLE PHYSICAL THERAPY PRESCRIPTION:

Patient Name: **Pamela Mclucas**

Date: **10-28-2024**

Diagnosis: ☒ Right ☐ Left ☐ Bilateral Frequency: ☒ 2-3x/week Duration: ☒ 4 wks ☐ 6 wks

S93.411A Sprain of calcaneofibular ligament of right ankle, init.

☐ Continue as per initial protocol

MODALITIES:

☒ Modalities as needed

☐ Cryo-therapy

☐ Aqua-therapy

☐ Ultrasound

☐ Whirlpool

☐ Sensory Re-education
& Desensitization

☐ Moist Heat

☐ Massage

☐ NMES

☐ TENS

☐ Soft Tissue Manipulation

☐ Scar Management

Local Wound Care

WEIGHT BEARING: ☐ NWB ☐ PWB ☐ WBAT

EDEMA CONTROL:

☐ Edema Control Techniques

☐ Coban

☐ Compression Stocking
Jobst Stocking

☐ Elastic Wrap

PRECAUTIONS:

☐ No Pivoting

☐ No Cutting

☐ No Twisting

☐ No Jumping

☐ No Heavy Squatting

☐ Minimize Impact Loading

BRACING/EQUIPMENT/SUPPLIES:

☐ CAM Walking Boot ☐ Low - ☐ High

☐ Air-Cast Ankle Splint ☐ Lace-Up Ankle Brace ☐ Heel Lift (Wedge/Gel Cup)

☐ Orthotic Shoe Insert ☐ Hard Sole ☐ Medial Arch Support ☐ Lateral Post ☐ Metatarsal Pad

☐ Custom Orthotic:

ANKLE/FOOT EXERCISE:

☒ AROM (Limits: _____)

☒ AAROM (Limits: _____)

☒ PROM (Limits: _____)

☒ Gait Training ☒ ADL's

☒ Babst Board Exercises (Platform Roller Ball)

☒ Plantar Fascia Stretching (Can Rolling- Under Foot)

☒ Proprioceptive Training

☐ Foam Cushion (Standing Single Leg Balance)

☐ "Toe Grabs" (Pick up/Move Objects)

☐ Single Leg Toe & Heel Raises

☒ Core LE Strengthening & Endurance Program

☐ Closed Chain ☐ Open Chain

☐ (Patient Education / Home Exercises)

☐ Return to Sport Specific Exercise/Training Activity

SPECIAL REHABILITATION PROGRAMS:

☐ Agility & Plyometric Exercises

☐ Peroneal Strengthening

☐ Achilles Stretching/Strengthening

☐ Eccentric Exercises

☐ Patient Education/Home Program

☐ Kinetic Chain/ Core Strengthening

☐ Theraband Resistance Exercises

☐ Corrective Exercises - LE Mechanical Alignment

Physician's Signature: **Electronically signed by: David Epstein M.D.** Date: **10/28/2024 9:46 AM**

(I have medically prescribed the above treatment)

David M. Epstein, MD

Sports Medicine & Orthopedic Surgery

Shoulder, Knee, Foot & Ankle Surgery

Please send progress notes

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KNEE THERAPY PRESCRIPTION:

Patient Name: Pamela Melucas

Date: 10-28-2024

Diagnosis: ☐ Right ☐ Left ☒ Bilateral Frequency: ☒ 2-3x/week Duration: ☒ 4 wks ☐ 6 wks
S80.01XA Contusion of right knee, initial encounter

☐ Continue as per initial protocol

MODALITIES:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Modalities as needed | <input type="checkbox"/> Moist Heat |
| <input type="checkbox"/> Cryo-therapy | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Aqua-therapy | <input type="checkbox"/> NMES |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Soft Tissue Manipulation |
| <input type="checkbox"/> Sensory Re-education
& Desensitization | <input type="checkbox"/> Scar Management |

EXERCISE:

- | | | |
|--|---|--------|
| <input checked="" type="checkbox"/> AROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> AAROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> PROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> Gait Training | <input checked="" type="checkbox"/> SLR | |
| <input checked="" type="checkbox"/> Heel Slides | <input type="checkbox"/> Single Leg Hop | |
| <input checked="" type="checkbox"/> VMO Strengthenin | <input checked="" type="checkbox"/> Quad Activation | |
| <input checked="" type="checkbox"/> Patella Mobilization | | |
| <input checked="" type="checkbox"/> Proprioceptive Training (Hop Scotch: eyes open/shut) | | |
| <input checked="" type="checkbox"/> Core LE Strengthening & Endurance Program | | |
| <input type="checkbox"/> Closed Chain | <input type="checkbox"/> Open Chain | |
| <input checked="" type="checkbox"/> (Patient Education / Home Exercises) | | |
| <input type="checkbox"/> Return to Sport Specific Exercise/Training Activity | | |

WEIGHT BEARING: ☐ NWB ☐ PWB ☐ WBAT

PRECAUTIONS:

- ☐ No Pivoting
- ☐ No Cutting
- ☐ No Twisting
- ☐ No Deep Knee Bends
- ☐ No Squatting
- ☐ Avoid Stairs
- ☐ See WB Status

SPECIAL REHABILITATION PROGRAMS:

- ☐ Patellofemoral Pain & Malalignment/Tracking
 - Gait Training
 - VMO Strengthening
 - Strengthening Hip External Rotators/Abductors
 - Patellar Tracking
 - Kinetic Chain/ Core Strengthening
 - Inferior Patellar Tendon Glides
 - IT Band Stretching
- ☐ Biofeedback for Patella Tracking (If checked)
(Avoid Deep Knee Bends / Repetitive Stairs)
Work Site/Task Analysis, Assessment, Evaluation
Work Conditioning / Hardening Program

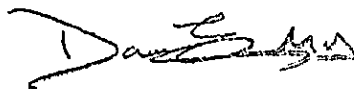
BRACING/EQUIPMENT/SUPPLIES:

- ☐ Patella Stabilizing Brace w/ Medial Strap (Taping)
- ☐ Hinged Knee Rehab Brace (ARC: _____)
- ☐ Knee Immobilizer

- ☐ Patella Cut-Out Sleeve (Neoprene) [Hinged Bars]
- ☐ Functional ACL Knee Sports Brace [Custom]

Physician's Signature: Electronically signed by: David Epstein M.D. Date: 10/28/2024 - 9:47 AM
(I have medically prescribed the above treatment)

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