

## Physical Therapy Treatment Plan

**Patient Name:** Carlos Martinez

**Date of Birth:** 04/21/1993

**Start of Care:** 02/10/2025

**Payer:** Private Insurance

**Hospitalization:** None

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### Diagnosis

**The patient has the following diagnoses: Med – Sprain of the right ankle, initial encounter (S93.401A), Tx – swelling of the right ankle (M25.57), Tx – unspecified knee osteoarthritis secondary to limiting mobility from the ankle injury (M17.9), and Tx – pain in the right foot (M79.604), all with an onset date of 02/05/2025.**

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### Treatment Approaches

- **PT Evaluation**
  - **Therapeutic Exercises** (Strengthening, mobility, and proprioception exercises)
  - **Neuromuscular Reeducation** (Balance, stability, and coordination training)
  - **Manual Therapy** (Joint mobilizations and soft tissue work)
  - **Electrical Stimulation** (For swelling and pain management)
  - **Ice Therapy** (For acute swelling and pain relief)
  - **Compression and Elevation** (To manage swelling)
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### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
  - **Duration:** 6 weeks
  - **Intensity:** Moderate, adjusting based on pain levels and progress
  - **Certified Period:** 02/12/2025 - 03/26/2025
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## **Plan of Treatment**

### **Short Term Goals**

1. Carlos will reduce ankle swelling by 20% with the use of ice, compression, and elevation techniques. (Target: 02/26/2025)
2. Carlos will improve ankle range of motion (dorsiflexion and plantarflexion) by 15° from baseline. (Target: 02/26/2025)
3. Carlos will demonstrate the ability to perform single-leg balance exercises on the right foot for 10 seconds without instability or pain. (Target: 02/26/2025)
4. Carlos will tolerate walking for 10 minutes without significant pain or instability (pain < 3/10). (Target: 02/26/2025)

### **Long Term Goals**

1. Carlos will return to playing soccer and performing cutting movements without pain or instability. (Target: 03/26/2025)
2. Carlos will achieve full range of motion in the right ankle with 0-2/10 pain. (Target: 03/26/2025)
3. Carlos will improve strength in the right ankle dorsiflexors, plantarflexors, and peroneals to 5/5. (Target: 03/26/2025)
4. Carlos will demonstrate stability and confidence when changing direction during sport activities without increased risk of re-injury. (Target: 03/26/2025)

### **Patient Goals**

- “I want to get back to playing soccer without feeling like my ankle is unstable.”
- “I want to stop the swelling in my ankle and avoid it getting worse at the end of the day.”

### **Potential for Achieving Goals**

- Carlos demonstrates excellent rehab potential. He has a strong motivation to return to his previous activity level and actively participates in exercises and treatment. He has a solid understanding of the importance of rehabilitation and injury prevention strategies.

### **Participation**

- Carlos is highly motivated to engage in his treatment plan and complete exercises at home. He understands the importance of balance training, strengthening, and gradual return-to-sport activities to ensure full recovery.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Referred by sports medicine physician after a right ankle sprain during soccer.
  - **Medical History:** Acute sprain with swelling, pain, and instability during functional movements.
  - **Complexities:** The injury resulted in swelling and instability, which affects walking, sport performance, and general mobility.
  - **Prior Treatment:** No formal rehabilitation yet; using RICE (rest, ice, compression, elevation) at home with limited relief.
  - **Prior Living Situation:** Active, participates in soccer and outdoor sports.
  - **Discharge Plan:** Return to soccer and sports without limitations or fear of reinjury.
  - **Prior Level of Function (PLOF):** Carlos was independent in all activities and was actively playing soccer and engaging in sports without limitations prior to the injury.
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### Background Assessment

- **Precautions:** Avoid excessive weight bearing and high-impact activities until the ankle shows adequate stability.
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### Joint ROM / Goniometric Measurements

- **Right Ankle:**
    - Dorsiflexion: 10° (Limited)
    - Plantarflexion: 25° (Limited)
    - Inversion: 30° (Normal)
    - Eversion: 10° (Normal)
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### Strength / Manual Muscle Testing

- **Right Ankle Strength:**
  - Dorsiflexors: 3/5 (Weak)
  - Plantarflexors: 4/5 (Moderate weakness)
  - Peroneals: 3/5 (Weak)
- **Left Ankle Strength:**
  - Dorsiflexors: 5/5 (Normal)
  - Plantarflexors: 5/5 (Normal)
  - Peroneals: 5/5 (Normal)

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## Balance

- **Single-leg Balance (Right Foot):** 3 seconds (Instability noted)
- **Standing Balance:** Mild instability with right ankle, particularly when changing directions.

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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal.
- **Tone and Posture:** Normal.
- **Pain and Edema:** Swelling and pain level 6/10 at the end of the day, particularly with walking and standing.
- **Coordination:** Normal, but limited by ankle instability.
- **Sensory Test Findings:** No significant sensory deficits.
- **Cognition:** Intact.

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## Visual Assessment

- **History and Analysis:** No visual impairments.
- **Testing:** WNL.

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## Functional Assessment

- **Bed Mobility:** Independent.
  - **Transfers:** Independent.
  - **Gait:** Antalgic gait pattern with limping on the right side due to pain and instability.
  - **Gait Analysis:** Altered gait with excessive external rotation during weight-bearing phases due to instability.
  - **Other Areas:** Difficulty with rapid direction changes, instability with jumping or cutting movements.
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
    - **Ankle Sprain Test (Talar Tilt, Anterior Drawer):** Mild instability noted on the right side.
    - **Swelling Measurement (Tape Measure):** Right ankle circumference increased by 1.5 cm compared to the left.
  - **Other:** Home Exercise Program (HEP) to include ankle mobility, strengthening, and proprioception exercises.
  - **Additional Analysis:**
    - **Posture Analysis:** Mild over-pronation of the right foot noted during walking.
    - **Strength Testing:** Weakness in the peroneal and dorsiflexor muscles potentially contributing to instability.
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## Clinical Impressions

Carlos is presenting with an acute ankle sprain that is affecting his ability to perform weight-bearing and dynamic movements, including sport-related activities like soccer. Swelling, pain, and weakness in the right ankle are limiting his mobility and confidence. The rehabilitation focus will be on reducing swelling, improving ankle mobility, strengthening stabilizing muscles (particularly the peroneals and dorsiflexors), and progressing to functional movements to restore confidence and stability in the ankle.

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## Test/Measures and Outcomes

- **Ankle Function Scale (AFS):** Target to improve functional scores by 40% by the end of treatment.
- **Strength Testing:** Target to achieve 5/5 strength in ankle dorsiflexors, plantarflexors, and peroneals.
- **Swelling Reduction:** Target to decrease swelling by 20% (compared to baseline) by the end of treatment.
- **Single-leg Balance:** Target to achieve 30 seconds of stable single-leg balance on the right foot without pain or instability.