

# Physical Therapy Prescription

<b>Ankle Arthroscopy and Peroneus Brevis Debridement Protocol</b>				
<b>TIME PERIOD</b>	<b>WEIGHT BEARING</b>	<b>RANGE OF MOTION</b>	<b>BRACE</b>	<b>EXERCISES</b>
<b>0-2 weeks</b>	Non	None	Wear at all times.	None
<b>2-8 weeks</b>	TDWB 2-4 weeks. WBAT 4-8 weeks.	Ok for active ankle dorsi and plantar flexion.	Wear Boot for ambulation and Sleeping	Dorsi and Plantar flexion. No eversion/inversion
<b>8-12 weeks</b>	WBAT	Progress to full	None	May begin light resistive exercises in DF/PF. Isometrics for inversion/eversion.
<b>3-4 months</b>	Full weight bearing	Full	None	May increase resistance. Ok for jogging. May return to sports at 4 months

**Begin physical therapy after first post-operative visit**

<p>Dane Todd, MD                  Questions please call: # 402-488-3322                  Fax: 402-488-3336</p>	
<p>Patient Name: _____</p>	
<p>Surgery Date: _____</p>	
<p>Diagnosis: Peroneus Brevis Tear</p>	
<p>Surgery Performed:                      Right                      Left</p>	
<p>Ankle Arthroscopy                  Peroneus Brevis Debridement &amp; Repair</p>	
<p>Physical therapy to evaluate and treat for post op Peroneus Brevis Debridement and repair per the above protocol. 1-2x per week for 10 weeks</p>	
<p>Notes: _____</p>	
<p>MD signature: _____</p>	