

**Gregory Galano, MD**  
www.gregorygalanomd.com  
phone: 212-737-3301  
fax: 212-734-0407  
license #: 241830

**Patient Name:**

**Date:**

**Date of Surgery:**

**Ankle Rehabilitation:  
Ankle Fracture**

- Ice massage, ice bath / whirlpool
- ROM / Flexibility Exercises
- Compression - Aircast / Jobst intermittent compression
- Isometrics for inversion / eversion - progress to isokinetics and isotonic
- Isotonics for plantar / dorsiflexion
- Proprioception training, BAPS
- Advance to lateral step-ups, sport-cord, Euroglide @ 6 weeks post-injury / surgery
  
- Goal: Control edema & swelling / Re-establish ROM

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_  
**Gregory Galano, MD**