



**Nathan A. Mall, MD, CIME**  
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Cartilage Restoration Center of St. Louis  
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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ankle/Foot:    Right                      Left                      Bilateral

Diagnosis: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Protocol:

\_\_\_\_\_ ROM/stretching

\_\_\_\_\_ Strengthening – all planes

\_\_\_\_\_ Eccentric strengthening

\_\_\_\_\_ Balance/proprioception

Modalities:

\_\_\_\_\_ Ultrasound

\_\_\_\_\_ E-stim

\_\_\_\_\_ Russian stim

\_\_\_\_\_ Modalities PRN

Frequency: \_\_\_\_\_ times/week X \_\_\_\_\_ weeks

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