



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## MCL / LCL / PLC TEAR (NON-OP) - 2-WEEKS POST-INJURY

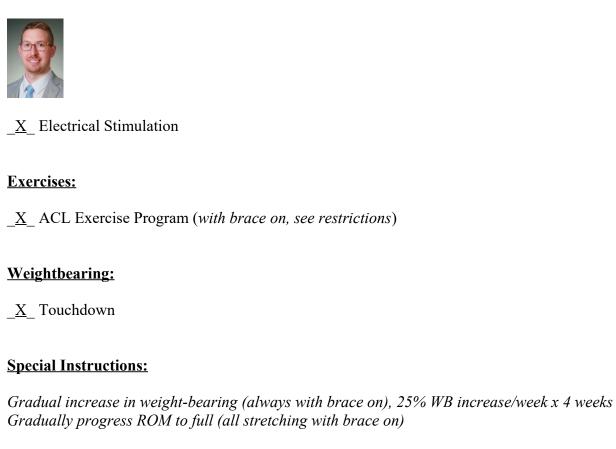
## NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name:		<u>Date</u> :	:
_X_ Evaluate and Treat  Frequency: 2-3 x/week			e patient with home program
Modalities:	<b>A</b>	_1	weeks
_X_ Phonophoresis with 0.05% Fluocinonide			
_X_ Iontophoresis with 4mg/ml Dexamethasone			
_X_ Ultrasound			



By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_would \_X\_would not benefit from social services.

Date:

Bryan M. Saltzman, MD