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**Stress Fracture Lower Extremity Rehabilitation Protocol Prescription**

Patient Name:

Date:

*Diagnosis: Left / Right \_\_\_\_\_ Stress Fracture*

Number of visits each week: 1 2 3 4

Treatment duration \_\_\_\_\_ weeks

Stress Fracture Lower Extremity: 6-12 weeks before running

*Advance only if pain free*

- 2 weeks crutches
- 2 weeks bike
- 2 weeks elliptical/stair master

Please evaluate and treat for gait and running abnormalities

*Go back one step for one week if pain occurs*

**Running:**

**Week 1:** ½ mile every other day

**Week 2:** ¾ mile every other day

**Week 3:** 1 mile every other day

**Week 4:** 1¼ miles every other day

**Week 5:** 1½ miles every other day

**Week 6:** 1¾ miles every other day

**Week 7:** 2 miles every other day

**Week 8:** 2½ miles every other day

**Week 9:** 3 miles every other day

**Week 10:** 3½ miles every other day

**Week 11:** 4 miles every other day

ADDITIONAL COMMENTS: \_\_\_\_\_

**Concerns or questions:**

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**Physician Signature:**