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## Physical Therapy Prescription Arthroscopic / Open Debridement

**Patient Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

**Dx:** s/p ( LEFT / RIGHT ) Arthroscopic Debridement

MODALITIES			
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
<b>0-2 weeks</b>	As tolerated. Crutches first few days as needed.	Full ROM should be obtained quickly	Heel slides, quds sets, straight leg raises. Patellar mobilization.
<b>2-4 weeks</b>	Full weight bearing	Full ROM	Lunges, balance exercises.
<b>4-6 weeks</b>	Full weight bearing	Full ROM	Closed chain exercises (i.e. leg press, light weight mini-squats)

Physical therapy to evaluate and treat for post-op partial meniscectomy

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_\_\_ weeks

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**