Travis G. Maak, M.D.
590 Wakara Way
Salt Lake City, UT 84108
Tel: (801) 587-7109
Fax: (801)587-7112
Lic. # 8234797-1205

Physical Therapy Prescription
General Knee Rehab

Patient Name: **Date:**

Dx: (LEFT/RIGHT) KNEE PAIN

____ **NON-OP** ____ **PRE-OP**

Modalities:

___ Assess for posture imbalances – Corrective exercises as needed/indicated

___ Assess for movement pattern dysfunction – Teach proper firing pattern and mobilize restricted tissue if needed/indicated

___ Ice / Massage / Anti-Inflammatory Modalities

___ Range of Motion Active / Active-Assisted / Passive

___ Quadriceps and Hamstring stretching

___ Quadriceps Strengthening CKC ___ V.M.O. Strengthening

___ Full Arc ___ 0-30° Arc

___ Hamstring Strengthening

___ Iliotibial Band Stretching / Strengthening

___ Adductor/Abductor Stretching / Strengthening

___ Core and pelvic stability/control

___ CKC strengthening progressing to full arc

___ Exercise Bike ___ Stairclimber ___ Cybex

___ Achilles Tendon Stretching

___ Manual therapy PRN

___ No passive modalities

___ Hydrotherapy

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

**Please send progress notes.

Physician's Signature:_____ M.D.

Travis G. Maak, M.D.
590 Wakara Way
Salt Lake City, UT 84108
Tel: (801) 587-7109
Fax: (801)587-7112
Lic. # 8234797-1205