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## Physical Therapy Prescription Greater Trochanteric Pain Syndrome

**Patient Name:**

**Today's Date:**

**Dx: (LEFT / RIGHT) Greater Trochanter**

**Modalities:**

- Evaluate & Treat. Assess for postural imbalances and movement pattern dysfunction
- Teach corrective exercises as indicated
- WBAT, Gait training
- Range of Motion – Pain free AROM / AAROM / PROM
- Progressive strengthening CKC –
  - Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors
  - Gluteals / Gastroc-Soleus
- ITB mobilization / Decrease neural tone of lateral thigh
- Balance training, Proprioception
- Core control / Pelvic stability beginning in neutral, progress to multi-planar movements
- Intrinsic foot strength to limit rate of pronation
- Modalities prn (ultrasound, e-stim, iontophoresis)

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

\*\*Please send progress notes.

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