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Physical Therapy Prescription General Knee Rehab

Patient Name: _____

Date: _____

Dx: (LEFT/RIGHT) KNEE
 _____ **NON-OP**

_____ **PRE-OP**

_____ **POST-OP**

Modalities:

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

___ Ice / Massage / Anti-Inflammatory Modalities

___ Range of Motion if not full and pain free. Premium on extension. Active/Active-Assisted/Passive

___ Closed chain squat variations and hip hinge variation exercises. Progressive overload. No more than 3 times per week to allow for recovery.

Squat variations: Front, back, overhead, sumo, BSS, Leg press, step up/down, Hex bar, high box step, single leg, Total Gym, etc.

Hip hinge variations: Deadlift, RDL, good mornings, GHD, Single leg hip hinge, hip thrusters, kettle bell swings, bridging, Nordic HS, etc.

___ Quadriceps Strengthening

___ Full Arc ___ 0-30° Arc

___ Iliotibial Band / Lateral thigh mobilization. Goal to decrease tone.

___ Rotation and Anti-Rotation exercises focused on trunk and spinal muscle groups

___ Single leg stability and balance

___ Exercise Bike ___ Stairclimber ___ Cybex

___ Heel chord and Ankle mobilization

___ Manual therapy PRN

___ No passive modalities

___ Hydrotherapy okay

___ Intrinsic foot strengthening

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

**Please send progress notes.

Physician's Signature: _____ M.D.