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Physical Therapy Prescription Greater Trochanteric Pain

Patient Name: _____

Today's Date: _____

Dx: (LEFT / RIGHT) GT Pain

Modalities:

- Evaluate & Treat
- Assess for single leg stability, squat and hip hinge mobility.
- WBAT, Gait training as needed based on severity
- Range of Motion – AROM / AAROM / PROM
- OKC eccentrics of gluteal muscles. Manual resistance to start. Add weight and avoid concentric phase.
- Progressive resistance increase when pain is mild to moderate –
 - CKC push movements – Squat with variations (Bulgarian SS, Hex bar, leg press, etc.) Eccentrics
 - Hip hinge – Both hinge and hinge resistance (Deadlift variations, GHD, Nordic HS, Good Mornings)
 - single leg exercises ok
- Active and passive thoracic extension mobility if restricted
- Lateral thigh modalities to decrease tone if needed. Should use manual therapy to facilitate exercise. Alternate between multiple short sessions of manual therapy and exercise. Manual therapy should be used to alter neural input.
- Balance training, Proprioception – Work to increase foot intrinsic strength
- Increase load/intensity before increasing volume
- Modalities prn (ultrasound, iontophoresis, dry needling of trigger points, Graston, e-stim)
- Allow adequate recovery time between sessions if progressively overloading
- Pool therapy if available
- Avoid explosive movements

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

**Please send progress notes.

Physician's Signature: _____ **M.D.**