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## Physical Therapy Prescription Hamstring Tendinopathy Rehab

**Patient Name:**

**Date:**

**Dx: (LEFT/RIGHT) DISTAL HAMSTRING TENDINOPATHY**

**Modalities:**

- Heat / Massage / Anti-Inflammatory Modalities
- Range of Motion     Active / Active-Assisted / Passive
- Assess posture and movement patterns. Corrective exercises as needed.
- Quadriceps and Hamstring stretching
- Quadriceps Strengthening      V.M.O. Strengthening
  - Full Arc      0-30° Arc
- Hamstring strengthening – Focus eccentric strength
- Lateral thigh stretching / Decrease neural tone of lateral thigh
- Adductor/Abductor stretching / strengthening
- CKC strength in full arc
- Exercise Bike      Stairclimber      Cybex
- Achilles tendon stretching
- Manual therapy as needed
- Soft tissue mobilization
- Hydrotherapy

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

\*\*Please send progress notes.

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