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## Physical Therapy Prescription Hardware Removal

**Patient Name:**

**Today's Date:**

**Surgery Date:**

**Dx: s/p ( LEFT / RIGHT ) Hardware removal**

### MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
<b>0-2 weeks</b>	As tolerated. Crutches first few 1-2 weeks as needed.	No restrictions other than pain	Heel slides, quds sets, straight leg raises. Patellar mobilization, weight shifts, Gait training
<b>2-4 weeks</b>	Full weight bearing	Full ROM by week 4	OKC quad, hip and glute exercises, balance exercises
<b>4-6 weeks</b>	Full weight bearing	Full ROM	Closed chain exercises (i.e. Dead lifts, light weight mini-squats, step ups, etc.)

Physical therapy to evaluate and treat for post-op partial meniscectomy

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

\*\*Please send progress notes.

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