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Physical Therapy Prescription Arthroscopic Loose Body Removal

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____

Dx: s/p (LEFT / RIGHT) Loose body removal

| MODALITIES | | | |
|------------------|---|---------------------------------|--|
| TIME PERIOD | WEIGHT BEARING | RANGE OF MOTION | EXERCISES |
| 0-2 weeks | 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 |
| 2-4 weeks | Full weight bearing | Full ROM by week 4 | OKC quad, hip and glute exercises, balance exercises |
| 4-6 weeks | 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.**