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Physical Therapy Prescription Unicondylar Knee Arthroplasty

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) MEDIAL UNICONDYLAR KNEE ARTHROPLASTY

___ Range of Motion – Active / Active-Assisted / Passive

GOAL: 0-120 degrees

___ Gait Training

___ Strengthening – Quad / Gluteal / Hamstring Isometrics, SLR's

Ankle Pumps

Easy Closed Chain Kinetic Quad Rehab

Light Biking

___ Home Exercise Program

**** NO CYBEX

**** NO ISOKINETICS

Treatment: 2 – 3 times per week

Duration: 12 – 16 weeks

**Please send progress notes.

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