

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

KNEE ARTHROSCOPY: ARTHROSCOPIC PARTIAL MEDIAL/LATERAL MENISCECTOMY AND/OR ARTHROSCOPIC CHONDROPLASTY (_____)

DATE OF SURGERY : _____

KNEE PHYSICAL THERAPY PRESCRIPTION

- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
- Quadriceps and Hamstring stretching
- Quadriceps Strengthening V.M.O. Strengthening
- Full Arc 0-30° Arc
- Hamstring Strengthening
- Iliotibial Band Stretching / Strengthening
- Adductor/Abductor Stretching / Strengthening
- Straight Leg Raises / Quad Isometrics
- Exercise Bike Stairclimber Cybex
- Achilles Tendon Stretching
- Medial Patella Glides
- Electrical Stimulation for Quadriceps
- Hydrotherapy

Treatment: _____ times per week Home Program

Duration: _____ weeks

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC