

# PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

## HAMSTRING PHYSICAL THERAPY

**Side:**  Right  Left  Bilateral

**Diagnosis:**  Proximal hamstring tear

Other: \_\_\_\_\_

### ACUTE PHASE

- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion (Pain – Free) PROM / AAROM

### SUBACUTE PHASE

- Range of Motion (Pain – Free) PROM / AAROM / AROM
- Flexibility and Strengthening
  - Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors / Gluteals / GS
- Iliotibial Band Stretching / Strengthening
- Pain – Free Submaximal Isometrics

### REMODELING PHASE (when able to perform Isometrics pain-free at 100% effort)

- Prone Isotonics (low weight, high reps) – slow progression
- Concentric strengthening
- Eccentric strengthening once concentric strengthening tolerated

### FUNCTIONAL PHASE

- Gait / Balance Training / Proprioception / Core Control / Pelvic Stability / Plyometrics
- Slow Jog, progress to Running program
- Sport Specific Activities
- Modalities prn (Ultrasound, E-stim, Aquatherapy)

**Frequency & Duration:**  1-2  2-3 x/week for \_\_\_\_\_ weeks \_\_\_\_\_ Home Program

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