

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

HIP PHYSICAL THERAPY

Side: Right Left Bilateral

Diagnosis: FAI OCD / Cartilage Defect Osteoarthritis
 ITB Syndrome Abductor Tendinopathy Athletic Pubalgia
 Other: _____

- Evaluate & Treat
- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion Pain – Free Active / Active–Assisted / Passive
- Flexibility and Strengthening
 - Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors
 - Quadriceps
 - Gluteals / Gastroc-Soleus
- Iliotibial Band Stretching / Strengthening
- Balance Training
- Proprioception
- Core Control / Pelvic Stability
- Modalities prn (Ultrasound, E-stim)

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

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