

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

KNEE PHYSICAL THERAPY

Side: Right Left Bilateral

Diagnosis: Meniscus Tear Malalignment Osteoarthritis OCD / Cartilage Defect

Quadriceps Atrophy Pes Tendinitis

Other: _____

- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
- Quadriceps and Hamstring stretching
- Quadriceps Strengthening / VMO 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
- E-stim for Quadriceps
- Hydrotherapy

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

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