



PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

Keck School of Medicine of USC

1520 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Phone: 323.442.5860

Fax: 323.442.6952

www.gamradtortho.com

Keck School of
Medicine of USC

PATIENT STICKER

HIP PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT / RIGHT) _____

DATE _____

___ Ice / Massage / Anti---Inflammatory Modalities

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

___ Active Release Therapy/Manual Therapy

___ Gluteus Maximus/Iliopsoas/Adductor/Abductor

 Functional Assessment/ Stretching / Strengthening

___ Quadriceps and Hamstring stretching

___ Quadriceps Strengthening ___ V.M.O. Strengthening

 ___ Full Arc ___ 0---30° Arc

___ Hamstring Strengthening

___ Iliotibial Band Stretching / Strengthening

___ Straight Leg Raises / Quad Isometrics

___ Exercise Bike ___ Stairclimber ___ Cybex

___ Hydrotherapy

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____

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

