



## 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**

