

**LOWER EXTREMITY PHYSICAL THERAPY PRESCRIPTION**

Please take this prescription to your therapy appointment.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

DIAGNOSIS

Right / Left / Bilateral

- ACL / MCL /PCL grade I / II / III
- Meniscal Tear Medial / Lateral
- Patellofemoral Pain / Chondromalacia
- Patellar Maltracking
- Patellar Instability
- DJD Medial / Lateral Tricompartmental / PF
- DJD Hip
- Acute Ankle Sprain
- Chronic Ankle Instability
- Other: \_\_\_\_\_

SURGICAL PROCEDURE

- ACL Reconstruction BTB / Hamstring
- Meniscal Repair Medial / Lateral
- Partial Menisectomy Medial / Lateral
- Patellar Lateral Release
- Open Patellar Realignment (Fulkerson Type)
- Microfrature Chondroplasty
- Total Knee Arthroplasty
- Minimally Invasive
- Total Hip Arthroplasty
- Minimally Invasive
- Ankle Arthroscopy Debridement / Microfix
- Brostrom
- Other: \_\_\_\_\_

THERAPY PRESCRIPTIONS

- Standard Mountain Orthopaedics Protocol - N.B. If you do not have a current protocol, please call our office immediately to request one.
- Modified Standard Protocol- Shorten / Lengthen by \_\_\_\_\_ weeks
- ROM with terminal stretches. closed chain x 2 weeks, progress to open chain as tolerated
- ROM with terminal stretches, quad, ham strengthening, progress open chain as tolerated.
- Cartilage Training
- McConnell taping, ham stretched, quad strength
- Modalities as needed
- Prehab - goal: full painless ROM, good thigh control
- WBAT
- Progressive WB 30% 100% over 3 weeks
- Abduction strengthening with PRE's
- Gait Training
- Stair Instruction and safety
- Ankle ROM, Proprioception, progressive strength
- Proprioception, global ankle strengthening
- Prehab for: \_\_\_\_\_
- Other: \_\_\_\_\_

VISITS

2 x / week

3 x / week

Total Visits 4 / 6 / 8 / 9 / 12 / 16 / 20 / 30

Include HEP

HEP Only

Signature: \_\_\_\_\_

Therapists: Please provide progress report to patient's next office visit