

# PHYSICAL THERAPY PRESCRIPTION

**FRANK A. PETRIGLIANO, MD**

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY  
310.319.1234 APPT  
310.825.2126 OFFICE  
310.206.0063 FAX  
CA License: A90515



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:** \_\_\_\_\_

**Frank Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA**