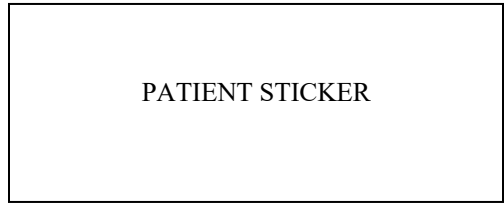


# PHYSICAL THERAPY PRESCRIPTION

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

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

## 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

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

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