

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
310.825.1311 FAX
CA License: A90515



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: _____

Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA