

PHYSICAL THERAPY PRESCRIPTION

Prescription for:

Diagnosis: _____

Treatment Plan: Evaluate and treat, _____ per week for _____ weeks.
Provide HEP and update regularly as appropriate.

Phase I: Management of Acute Pain, Limited ROM, Swelling/Effusion.

Use of modalities to reduce swelling and pain (e.g. GameReady, stim, manual therapy)

Active and passive knee ROM techniques. If limited, include heel slides in HEP, 2-3x daily 3x10 reps.

Quad isometrics. Estim to VMO if unable to perform. Consider terminal knee extensions.

Gluteus medius strengthening. Double leg bridges. Side-lying hip abduction/straight leg raises.

SLR: Up to 5-10lbs as tolerated.

If quad lag with SLR then estim to VMO and short→long arc quads until lag resolves.

Stretching: ITB, Quad, Hamstring, Gastroc, Heel cord.

Phase II: Begin when effusion resolved, SLR without lag, return of full ROM, normal gait. Strengthening Phase.

Goal RPE: 5-7/10 RPE as tolerated.

Cycle / Elliptical / Non-impact cardio as tolerated.

SLR: Once tolerating 5-10lbs, advance hip flexor and quad exercises and phase out

Hip abductor and glute strengthening: Include bridge progression (double → single leg)

Hip adductor strengthening

Quad strengthening: Resisted knee extensions with machine or ankle weights.

Hamstring strengthening: Hamstring curls, RDLs / SL RDLs, if possible Nordic hamstring curls.

Core and posterior chain strengthening: plank variants, supermans, bird-dogs, etc.

Progress wall sits → squats → single leg split squats (isometric if painful throughout ROM)

Consider heel raises.

For patellar tendinitis: Eccentric patellar tendon loading. Consider Graston to patellar tendon to facilitate healing.

Stretching: ITB, Quad, Hamstring, Gastroc, Heel cord.

Phase III: Begin when MMT or dynamometry with 90% symmetry, pain and strength improved, and good eccentric and frontal plane control with single-leg stepdowns. Return to ADLs / Sport.

Jogging/running if pain-free and tolerated.

Continue strengthening as above. Continue stretching as above.

For athletes: Plyometrics: Jump/land training. Soft impact with running. Body control and mechanics. Functional dynamic training. Multi-directional exercises (e.g. twists, throws, curtsy squats). Agility drills. Sport-specific drills & hardening.

Additional Instructions:

Date