STEPHAN J. SWEET, M.D., M.P.H.
A Professional Corporation
Sports Medicine, Arthroscopy, & General Orthopedic Surgery

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT) **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

___ Straight leg Raises / Quad Isometrics

___ Exercise Bike ___ Stair Climber ___ 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:_____
Stephan J. Sweet, M.D., M.P.H.

168 N Brent Street Suite 505 • Office (805) 648-3902 • Fax (805) 648-4014 • Website: sweetortho.com