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

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) 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

___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: _____ timer per week Duration: _____ weeks Home program_____

Physician's Signature:_____ Date:_____

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