

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

SCOS Orthopedic Specialists
18785 Brookhurst Street, Ste 100
Fountain Valley, CA 92708
(714) 500-5056 Phone
(949) 900-2116 Fax

DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: HIP FEMOROACETABULAR IMPINGEMENT

Right Left Bilateral

___ Ice / Massage / Anti-Inflammatory Modalities

___ Range of Motion Active Active-Assisted Passive

Begin with 45 deg flexion, increase through pain-free arc as tolerated

Avoid maximal flexion / internal rotation until pain-free

___ Active Release Therapy/Manual Therapy

___ Gluteus Maximus/Iliopsoas/Adductor/Abductor stretching and strengthening

___ Quadriceps and Hamstring stretching and strengthening

___ Full Arc ___ 0-30° Arc

___ Iliotibial Band Stretching / Strengthening

___ Straight Leg Raises / Quad Isometrics

___ Exercise Bike ___ Stairclimber / elliptical ___ Cybex

___ Hydrotherapy

___ Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507