

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

SCOS Orthopedic Specialists
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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: MENISCUS TEAR: MEDIAL LATERAL

Right Left Bilateral

SURGERY: KNEE MEDIAL/LATERAL MENISCUS DEBRIDEMENT

DATE OF SURGERY: _____

Ice / Massage / Anti-Inflammatory Modalities

Range of Motion Active Active-Assisted Passive

Quadriceps and Hamstring stretching / strengthening

Patellar mobilization

Straight Leg Raises / Quad Isometrics

Exercise Bike

Electrical Stimulation for Quadriceps

Hydrotherapy

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