

# PHYSICAL THERAPY PRESCRIPTION

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DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: KNEE PATELLOFEMORAL PAIN / MALTRACKING

Right  Left  Bilateral

STRENGTHENING – EMPHASIZE VMO STRENGTHENING (PERFORMED IN 90-30 ARC)

Resisted SLR @30 degrees, hip adduction / extension / flexion, knee flexion  
Multiple angle Isometrics  
Eccentric closed chain Isotonics  
Concentric closed chain Isotonics – i.e. Step-ups, Short arc squats  
Eccentric open chain Isokinetics  
Concentric open chain Isokinetics, submaximal  
Eccentric open chain Isotonics – i.e. Knee Extension  
Concentric open chain Isotonics, submaximal  
Concentric open chain Isotonics, maximal

\*\* Progress arc as tolerated in later stages of rehab

STRETCHING EXERCISES

Hamstrings, IT band  
Hip external rotators  
Lateral retinacular stretching

OTHER THERAPEUTIC ACTIVITIES

Assess for patellar taping benefit  
Patellar mobilization  
EMG Biofeedback  
Calf and Hip PRE's  
Muscle endurance activities  
Functional closed chain exercises for Static and Dynamic Patellar stabilization  
Progress to Stairmaster / Versiclimber, short arc  
Cryotherapy and Modalities prn

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