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## Physical Therapy Prescription General Hip Pain

**Patient Name:**

**Today's Date:**

**Dx: (LEFT / RIGHT)**

**Modalities:**

- Evaluate & Treat
- Assess for Flexibility, Strength
- WBAT, Gait training
- Range of Motion - Painfree AROM / AAROM / PROM
- Progressive strengthening –
  - Hamstrings / Hip Adductors / Hip Abductors – Favor
  - Gluteals and Lumbar extensors – Work to activate and achieve proper firing pattern
- Focus posterior chain strength
- ITB mobilization / strengthening
- Balance training, Proprioception – Work to increase foot intrinsic strength
- Core control / Pelvic stability beginning in neutral, progress to multi-planar movements
- Modalities prn (ultrasound, iontophoresis, dry needling of trigger points, Graston, e-stim)
- Decrease neural tone of lateral thigh
- Pool therapy if available

**Frequency & Duration:** (circle one) 1-2    2-3 x/week for \_\_\_\_\_ weeks    Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**