

Physical Therapy Prescription Hamstring Tendinopathy Rehab

Patient Name:

Date:

Dx: (LEFT/RIGHT) DISTAL HAMSTRING TENDINOPATHY

Modalities:

- Heat / Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
- Assess posture and movement patterns. Corrective exercises as needed.
- Quadriceps and Hamstring stretching
- Quadriceps Strengthening V.M.O. Strengthening
 - Full Arc 0-30° Arc
- Hamstring strengthening – Focus eccentric strength
- Lateral thigh stretching / Decrease neural tone of lateral thigh
- Adductor/Abductor stretching / strengthening
- CKC strength in full arc
- Exercise Bike Stairclimber Cybex
- Achilles tendon stretching
- Manual therapy as needed
- Soft tissue mobilization
- Hydrotherapy

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**