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Physical Therapy Prescription Hip Pain

Patient Name:

Today's Date:

Dx:

Modalities:

- Evaluate & Treat
- Assess for Flexibility, Strength
- WBAT, Gait training
- Range of Motion - Painfree AROM / AAROM / PROM
- Progressive strengthening –
 - Hamstrings / Hip Adductors / Hip Abductors / Hip Flexors
 - Gluteals / Gastroc-Soleus
- ITB stretching / strengthening
- Balance training, Proprioception
- Core control / Pelvic stability
- Modalities prn (ultrasound, e-stim)

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

**Please send progress notes.

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