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## Physical Therapy Prescription General Hip

**Patient Name:**

**Today's Date:**

**DOB:**

**Sex:**

**Dx: (LEFT / RIGHT)**

- Evaluate & Treat
- Assess goals of individual and direct interventions towards their accomplishment
- WBAT, Gait training if needed
- Range of Motion - Painfree AROM / AAROM / PROM – Progress to mobility exercises
- Progressive overload / strengthening once ROM is less painful
  - Squat variations – Back, Front, Overhead, Sumo, Split Squat, Single leg, Bulgarian Split Squat, High box Step Up, Leg Press / Total Gym, Hex Bar Squat
  - Hip hinge variations – Conventional deadlift, RDL, Good Morning, GHD/Reverse Hyper, Straight Leg Dead, Hip Thrusters, SL dumbbell, kettle bell swing, Nordic HS, Bridging
- Decrease neural tone of lateral thigh if tight and/or sensitive
- Balance training, Proprioception – Work to increase foot intrinsic muscle strength
- Rotation / Anti-Rotation exercises for trunk and spinal muscle groups
- Modalities prn (ultrasound, iontophoresis, dry needling of trigger points, Graston, e-stim, etc.)
- Assess mobility of ankle, hip, thoracic spine and shoulders. Interventions as needed
- Pool therapy if needed and available once incisions are closed

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

\*\*Please send progress notes.

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