

UCLA OUTPATIENT REHABILITATION SERVICES

WESTWOOD

1000 Veteran Ave., A level
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SANTA MONICA

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Phone: (310) 319-4646
Fax: (310) 319-2269

FOR APPTS, CALL: (310) 794-1323

FAX: (310) 794-1457

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

Sports Medicine, Shoulder Surgery and Cartilage Restoration
UCLA Department of Orthopaedic Surgery
David Geffen School of Medicine at UCLA
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KNEE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: _____

- ___ Ice / Massage / Anti-Inflammatory Modalities
- ___ Range of Motion: Active / Active-Assisted / Passive
- ___ Quadriceps and Hamstring stretching
- ___ Quadriceps Strengthening ___ V.M.O. Strengthening
- ___ Full Arc ___ 0° - 30° Arc
- ___ Hamstring Strengthening
- ___ Iliotibial Band Stretching / Strengthening
- ___ Adductor / Abductor Stretching / Strengthening
- ___ Straight Leg Raises / Quad Isometrics
- ___ Exercise Bike ___ Stairclimber ___ Cybex
- ___ Achilles Tendon Stretching
- ___ Medial Patella Glides
- ___ Electrical Stimulation for Quadriceps
- ___ Hydrotherapy

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon