UCLA OUTPATIENT REHABILITATION SERVICES	
❑ **WESTWOOD** 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	❑ **SANTA MONICA** 1260 15th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

KNEE PHYSICAL THERAPY PRESCRIPTION

MODALITIES:	**THERAPEUTIC EXERCISES:**
___ Hot pack	___PRE's: Muscle Groups for strengthening (pain free only):
___ Cryotherapy	(Quad / Hamstring / Hip Flexor)
___ Ultrasound	___ Isotonic:
___ Phonophoresis	___ Theraband
___ Electrical Stimulation	___ Machine / Free Weights
___ Ionotophoresis	___ Open chain
___ Whirlpool	___ Closed chain
	___ Eccentric training
PROCEDURES:	___ Isometric (pain free only):
___ Range of Motion:	___ Submaximal effort
___ Active	___ Maximal effort
___ Active assisted	___ Proprioceptive Training:
___ Passive	___ Functional training for balance
___ Joint Mobilization	___ Coordination exercises
___ Soft Tissue Mobilization: (Medial / Lateral)	
___ Flexibility:	
___ Stretch the following:	
(Quad / Hamstring / Hip Flexor)	
___ Self-stretching	
___ Manual stretching (therapist assisted):	
___ Static	
___ Contract-release	

Diagnosis: (LEFT / RIGHT) ITB Syndrome

Treatment: ________ times per week Duration: ________ weeks ___ Home Program

**Please send progress notes.

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

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
10833 Le Conte Avenue, 76-143 CHS
Los Angeles, CA 90095-6902
Phone: (310) 825-6095
Fax: (310) 825-1311
CA License: A126262