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Hip Rehabilitation Prescription

Patient Name: _____ Date: _____

Hip: Right Left Bilateral

Diagnosis: _____

Surgery Date: _____

Protocol:

____ Hip strengthening: all planes hip abductor hip adductor

____ Core strengthening

____ ROM/stretching (hamstring focus) as needed

____ IT Band stretching

Modalities:

____ Ultrasound

____ E-stim

____ Russian stim

____ Modalities PRN

Frequency: _____ times/week X _____ weeks

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