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### Knee Rehabilitation Prescription

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Knee:    Right            Left            Bilateral

Diagnosis: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Protocol:

\_\_\_\_\_ Closed chain quad strengthening

\_\_\_\_\_ 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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