



**Travis G. Maak, M.D.**  
 590 Wakara Way  
 Salt Lake City, UT 84108  
 Tel: (801) 587-7109  
 Fax: (801)587-7112  
 Lic. # 8234797-1205

**Physical Therapy Prescription**  
**LOOSE BODY REMOVAL**

**Patient Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

**Dx:** s/p ( LEFT / RIGHT ) Loose body removal

MODALITIES			
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
<b>0-2 weeks</b>	As tolerated. Crutches first few 1-2 weeks as needed.	No restrictions other than pain	Heel slides, quds sets, straight leg raises. Patellar mobilization, weight shifts, Gait training
<b>2-4 weeks</b>	Full weight bearing	Full ROM by week 4	OKC quad, hip and glute exercises, balance exercises
<b>4-6 weeks</b>	Full weight bearing	Full ROM	Closed chain exercises (i.e. Dead lifts, light weight mini-squats, step ups, etc.)

Physical therapy to evaluate and treat for post-op partial meniscectomy

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

\*\*Please send progress notes.

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