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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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