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KNEE THERAPY PRESCRIPTION:

Patient Name: **Edwin Diaz**

Date: **11-7-2022**

Diagnosis: ☒ Right ☐ Left ☐ Bilateral Frequency: ☒ 2-3x/week Duration: ☒ 4 wks ☐ 6 wks

S83.231A Complex tear of medial mensc, current injury, r knee, init

☒ Continue as per initial protocol

MODALITIES:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Modalities as needed | <input type="checkbox"/> Moist Heat |
| <input type="checkbox"/> Cryo-therapy | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Aqua-therapy | <input type="checkbox"/> NMES |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Soft Tissue Manipulation |
| <input type="checkbox"/> Sensory Re-education
& Desensitization | <input type="checkbox"/> Scar Management |

EXERCISE:

- | | | |
|---|--|--------|
| <input checked="" type="checkbox"/> AROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> AAROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> PROM (Arc: _____) | Prone | Supine |
| <input checked="" type="checkbox"/> Gait Training | <input type="checkbox"/> SLR | |
| <input checked="" type="checkbox"/> Heel Slides | <input type="checkbox"/> Single Leg Hop | |
| <input checked="" type="checkbox"/> VMO Strengthenin | <input type="checkbox"/> Quad Activation | |
| <input checked="" type="checkbox"/> Patella Mobilization | | |
| <input type="checkbox"/> Proprioceptive Training (Hop Scotch: eyes open/shut) | | |
| <input checked="" type="checkbox"/> Core LE Strengthening & Endurance Program | | |
| <input type="checkbox"/> Closed Chain | <input type="checkbox"/> Open Chain | |
| <input checked="" type="checkbox"/> (Patient Education / Home Exercises) | | |
| <input checked="" type="checkbox"/> Return to Sport Specific Exercise/Training Activity | | |

WEIGHT BEARING: ☐ NWB ☐ PWB ☒ WBAT

PRECAUTIONS:

- ☐ No Pivoting
- ☐ No Cutting
- ☐ No Twisting
- ☐ No Deep Knee Bends
- ☐ No Squatting
- ☐ Avoid Stairs
- ☐ See WB Status

SPECIAL REHABILITATION PROGRAMS:

- ☒ Patellofemoral Pain & Malalignment/Tracking
 - Gait Training
 - VMO Strengthening
 - Strengthening Hip External Rotators/Abductors
 - Patellar Tracking
 - Kinetic Chain/ Core Strengthening
 - Inferior Patellar Tendon Glides
 - IT Band Stretching
- ☐ Biofeedback for Patella Tracking (If checked)
(Avoid Deep Knee Bends / Repetitive Stairs)
Work Site/Task Analysis, Assessment, Evaluation
Work Conditioning / Hardening Program

BRACING/EQUIPMENT/SUPPLIES:

- ☐ Patella Stabilizing Brace w/ Medial Strap (Taping)
- ☐ Hinged Knee Rehab Brace (ARC: _____)
- ☐ Knee Immobilizer

- ☐ Patella Cut-Out Sleeve (Neoprene) [Hinged Bars]
- ☐ Functional ACL Knee Sports Brace [Custom]

Physician's Signature: _____
(I have medically prescribed the above treatment)

David M. Epstein, MD
Sports Medicine & Orthopedic Surgery,
Shoulder, Knee, Foot & Ankle Surgery

Please send progress notes