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## Physical Therapy Prescription Iliotibial Band Syndrome Rehab

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dx: (LEFT/RIGHT) ITB Syndrome**

**Modalities:**

Evaluate & Treat. Assess for postural imbalances and movement pattern dysfunction

Teach corrective exercises as indicated

WBAT, Gait training

Range of Motion – Pain free AROM / AAROM / PROM

Closed chain squat variations and hip hinge variation exercises. Progressive overload. No more than 3 times per week to allow for recovery.

Squat variations: Front, back, overhead, sumo, BSS, Leg press, step up/down, Hex bar, high box step, single leg, Total Gym, etc.

Hip hinge variations: Deadlift, RDL, good mornings, GHD, Single leg hip hinge, hip thrusters, kettle bell swings, bridging, Nordic HS, etc.

TFL and Lateral Quad mobilization / Decrease neural tone of lateral thigh. Ideally compressive modalities should be done in concert with exercise to limit afferent neural pain signals.

Balance training, Proprioception

Core control / Pelvic stability beginning in neutral, progress to multi-planar movements

Intrinsic foot strength to limit rate of pronation

Modalities prn (ultrasound, e-stim, iontophoresis)

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

\*\*Please send progress notes.

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