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Physical Therapy Prescription Hip Arthroscopy – Psoas Release

Patient Name: _____

Today's Date: _____

Surgery Date: _____

Dx: s/p (LEFT / RIGHT) Psoas release

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
0-2 weeks	WBAT	Stationary bike Gentle passive motion	Core and pelvic isometrics
2-4 weeks	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress.	Gentle functional and closed chain push and hip hinge movemnts.
4-8 weeks	WBAT	Progress previous tx, Foam roller for mobilization	Progress strengthening, closed chain hip exercises, leg press bilateral, short arc CKC strength,

Physical therapy to evaluate and treat for post-op hip arthroscopy.

Frequency & Duration: 1-2 x _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**