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Physical Therapy Prescription Psoas Tendinopathy

Patient Name: _____

Today's Date: _____

Dx: (LEFT / RIGHT) GT Pain

- Evaluate & Treat
- Assess for single leg stability, squat and hip hinge mobility.
- WBAT, Gait training as needed based on severity
- Range of Motion – AROM / AAROM / PROM
- OKC eccentrics of hip flexor group. Manual resistance to start. Add weight and avoid concentric phase.
- Progressive resistance increase when pain is mild to moderate –
 - CKC push movements – Squat with variations (Bulgarian SS, Hex bar, leg press, etc.) Eccentrics
 - Hip hinge – Both hinge and hinge resistance (Deadlift variations, GHD, Nordic HS, Good Mornings) single leg exercises ok
- Active and passive thoracic extension mobility if restricted
- Balance training, Proprioception – Work to increase foot intrinsic strength
- Increase load/intensity before increasing volume
- Modalities prn (ultrasound, iontophoresis, dry needling of trigger points, Graston, e-stim)
- Allow adequate recovery time between sessions if progressively overloading
- Pool therapy if available
- Avoid explosive movements

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

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