



CONCORD ORTHOPAEDICS

## PHYSICAL THERAPY REFERRAL

#2

LOCATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DIAGNOSIS:            PATELLOFEMORAL STRESS SYNDROME            R / L

- TREATMENT:
1. RANGE OF MOTION
  2. PAIN RELIEF
  3. QUAD STRENGTHENING
  4. HAMSTRING STRETCHING
  5. PATELLAR MOBILIZATION
  6. RETINACULAR STRETCHING
  7. IONTOPHORESIS with Dexamethasone 0.4%
  8. PHONOPHORESIS with Betamethasone 0.1%
  9. ULTRASOUND
  10. McCONNELL'S TAPING
  11. ORTHOTICS TRIAL (IF INDICATED)
  12. AQUATIC THERAPY (IF NECESSARY)
  13. DEVELOP HOME EXERCISE PROGRAM

FREQUENCY: 2 TIMES PER WEEK FOR 8 – 12 WEEKS

PRECAUTIONS / SPECIAL INSTRUCTIONS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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