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Patient Name:

Date:

Date of Surgery:

**Knee Arthroscopy Rehabilitation:
MEDIAL / LATERAL Meniscectomy**

- Ice Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
- Quadriceps and Hamstring stretching
- ___ Quadriceps Strengthening ___ V.M.O. Strengthening
 ___ Full Arc ___ 0-30° Arc
- Hamstring Strengthening
- Iliotibial Band Stretching / Strengthening
- Adductor/Abductor Stretching / Strengthening
- Straight Leg Raises / Quad Isometrics
- ___ Exercise Bike ___ Stairclimber ___ Cybex
- Achilles Tendon Stretching
- Medial Patella Glides
- Electrical Stimulation for Quadriceps
- Hydrotherapy

Please send progress notes.

Physician's Signature: _____
Gregory Galano, MD