

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

**DIAGNOSIS (LEFT / RIGHT) CARTILAGE REPAIR (MICROFRACTURE / OATS / ALLOGRAFT OATS)
(MEDIAL FEMORAL CONDYLE / LATERAL FEMORAL CONDYLE / TROCHLEA / PATELLA)**

DATE OF SURGERY _____

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PHASE 1 EARLY 0-6 WEEKS

****Knee brace** thru 6 weeks

****Non-weightbearing with crutches** x6 weeks (TTWB ok for patella/trochlea)

****CPM** ~ 3-4 hours daily x6 weeks, start 0-60 degrees post-op, progress to 110 degrees by 6 weeks, and full ROM by 12 weeks post-op.

ROM Exercises: Week 0 - 6: 0-110 degrees
(goal 90 degrees flexion by week 3, 110 degrees by week 6)

Isometric quad sets and SLR: --start immediately post-op
 --wear knee brace during SLR
 --may apply e-stim for poor quad function

Pre Progression – Emphasize VMO Strengthening

- Multiple angle isometrics
- Eccentric closed chain isotonic
- Concentric closed chain isotonic
- Eccentric open chain isokinetics (performed in 90-30 deg arc)
- Concentric open chain isokinetics, submaximal
- Eccentric open chain isotonic
- Concentric open chain isotonic, submaximal
- Concentric open chain isotonic, maximal

- Gentle multi-directional patella mobilization immediately after surgery
- Massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar regions 2-3 weeks post-op
- Hamstring/adductor/abductor/quadriceps/Achilles stretching
- Whirlpool therapy if available at 2-3 weeks post-op to enhance motion
- Stationary bicycle with no resistance once 90 degrees knee flexion obtained (~4 weeks)

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- Anti-inflammatory modalities as needed (US/massage/e-stim)
- Cryotherapy and compression stockings/TEDS for swelling and pain control

PHASE 2 TRANSITIONAL PHASE

****Weight-bearing status:** use bathroom scale to progress as follows:

- week 7: PWB 1/3 body weight
- week 8: PWB 2/3 body weight
- week 9: FWB with crutches
- week 10+: crutch, cane, or no device as tolerated

ROM Exercises: continue full AROM and gentle PROM exercises
CPM may be discontinued

- Low weight (max 10-20lbs.) open-chain leg extension and curl
 - Stationary bicycle with gradual increased tension per level of comfort
 - Continue quad sets, SLR in brace, leg curl and heel slides
 - Strengthen quads, hamstrings, and hip abductors/extensors using ankle weights and/or elastic band resistance through full ROM as tolerated
 - Gentle closed-chain terminal knee extension 0-40 degrees (TKE) permitted starting at 9-10 weeks as tolerated per weight bearing restriction
- Continue multi-directional patella mobilization
 - Hamstring/adductor/abductor/quadracept/Achilles stretching
 - Whirlpool therapy if available to enhance motion and quadriceps/hamstring muscle control
 - E-stim for VMO/quadracept muscle re-education/biofeedback as needed
 - Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar regions
 - Activity level should be modified if increased pain, catching, or swelling occurs

PHASE 3: REMODELING PHASE 13 WEEKS+

****Weight-bearing status:** full weight-bearing as tolerated with crutch or cane as needed/pain allows

ROM Exercises: continue full AROM and gentle PROM exercises
CPM may be discontinued

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- Resisted open-chain exercise with \leq 20lbs to be progressed as tolerated after 6mos
 - Closed-chain exercise to promote knee stability and proprioception through full ROM as tolerated
 - Cycling on level surfaces permitted with gradual increase in tension per level of comfort
 - Treadmill walking encouraged
 - Rollerblading permitted at 6-7 months
- Continue multi-directional patella mobilization

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- Hamstring/adductor/abductor/quadracept/Achilles stretching
 - Whirlpool therapy if available to enhance motion and quadracept/hamstring muscle control
 - E-stim for VMO/quadracept muscle re-education/biofeedback as needed
 - Gentle massage/deep friction to hamstring insertions, suprapatellar quadracepts, medial/lateral gutters, and infrapatellar regions
 - Activity level should be modified if increased pain, catching, or swelling occurs
- **no pivoting sports should be started without MD clearance
**no squats, no leg presses allowed

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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