PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE OF SURGERY:

DIAGNOSIS: (LEFT/RIGHT) <u>CARTILAGE REPAIR</u> (MICROFRACTURE/OATS/ALLOGRAFT OATS) (MEDIAL FEMORAL CONDYLE/LATERAL FEMORAL CONDYLE/TROCHLEA /PATELLA)

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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 isotonics
- Concentric closed chain isotonics
- Eccentric open chain isokinetics (performed in 90-30 deg arc)
- Concentric open chain isokinetics, submaximal
- Eccentric open chain isotoinics
- Concentric open chain isotonics, submaximal
- Concentric open chain isotonics, 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

Pre-Progressive (continued):

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- 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)
- 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

<u>ROM Exercises</u>: 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/quadriceps/Achilles stretching
- > Whirlpool therapy if available to enhance motion and quadriceps/hamstring muscle control
- > E-stim for VMO/quadricep 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

<u>ROM Exercises</u>: Continue full AROM and gentle PROM exercises CPM may be discontinued

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- Resisted open-chain exercise with </= 20lbs to be progressed as tolerated after 6 months
- 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

PHASE 3: REMODELING (CONTINUED)

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- Continue multi-directional patella mobilization
- Hamstring/adductor/abductor/quadriceps/Achilles stretching
- > Whirlpool therapy if available to enhance motion and quadriceps/hamstring muscle control
- > E-stim for VMO/quadricep 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

**no pivoting sports should be started without MD clearance

**no squats, no leg presses allowed

Treatment: ______ times per week Duration: ______ weeks

Physician's Signature: ______ Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC