

# PHYSICAL THERAPY PRESCRIPTION

**Jeffrey Wong, MD**

SCOS Orthopedic Specialists  
18785 Brookhurst Street, Ste 100  
Fountain Valley, CA 92708  
(714) 500-5056 Phone  
(949) 900-2116 Fax

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

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: KNEE CHONDRAL LESION OF \_\_\_\_\_

Right  Left  Bilateral

SURGERY: KNEE \_\_\_\_\_

DATE OF SURGERY: \_\_\_\_\_

## General guidelines:

- Weight bear as tolerated with brace locked in extension; wean crutches immediately
- Do not load bent knee x 6 weeks
- Wean brace at 6 weeks

## ROM

- CPM for up to 4-6 hours a day during first 2 weeks; if no CPM, begin passive flexion/extension for 500 repetitions three times a day
- Range of Motion - Active / Active-Assisted / Passive
- Patellar mobilization

## Strengthening

- Immediately, begin SLR, quad isometrics, quad electrical stimulation
- At 2 weeks, stationary bike without resistance, aquatherapy; add elliptical at 6 weeks
- At 6 weeks, quadriceps and hamstring stretching / strengthening with bands; advance to light weights as tolerated
- At 8 weeks, light closed chain exercises
- At 16 weeks, add functional return to sport assessment, free weights, machines

\*\*For patellofemoral chondral defects, patients will be locked in brace from 0-20° of flexion for 6 weeks. Strengthening may be performed in this limited arc during this time period. At 6 weeks, gradually unlock brace and perform rehab as above, with goal of discontinuing brace by 12 weeks.

Treatment:  Eval and Treat or  1  2  3 times per week

Duration:  4  6 weeks

Home Program

\*\*Please send progress notes.

Physician's Signature: \_\_\_\_\_



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