

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: KNEE _____

Right Left Bilateral

SURGERY: KNEE _____

DATE OF SURGERY: _____

PHASE I (0-4 WEEKS) – IMMOBILIZATION AND EARLY STRENGTHENING

Goals

- Protect graft and fixation
- Obtain full extension

Rehab

- NWB with brace locked in extension
- Full extension allowed with posterior leg supported at all times to prevent tibial sag
- Cryotherapy, anti-inflammatory modalities
- Patellar mobilization
- Begin quad strengthening – 3-way leg raises in brace (no flexion), quad sets, electrical stim

PHASE II (5-8 WEEKS) – EARLY STRENGTHENING

Goals

- Maintain full extension and gain flexion to 90° by 6 weeks and 110° by 8 weeks
- Protect graft

Rehab

- Begin partial WB, with goal of 75%
- unlock brace to 30° at 6 weeks and 60° at 8 weeks
- Continue prone passive knee flexion and quadriceps stretching
- Continue patellar mobilization
- Begin SLR with brace locked in extension, progress to mini squats at 6 weeks with brace locked at 30° and at 8 weeks with brace locked at 60°
- Begin single leg balance at 6 weeks in brace
- *No open chain hamstring strengthening*

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PHASE III (9-12 WEEKS) – ADVANCED STRENGTHENING

Goals

- Achieve full flexion and extension
- Improved strength, endurance, proprioception

Rehab

- Advance to full weightbearing in brace
- Continue ROM exercises
- Continue strengthening – initiate half squats in brace, step downs, slow progression of multi-plane closed chain exercises but *no open chain hamstring exercises*
- Continue proprioceptive training

PHASE IV (12 WEEKS AND BEYOND) – RETURN TO SPORT

Fit for functional brace

Stationary bike with light resistance

Open chain hamstring strengthening at 4 months

Straight running 8-9 months

Sport-specific rehab when able to run

Return to play ~ 12 months

NOTE: Loss of 10-15° of terminal flexion can be expected in complex knee ligament reconstructions.

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

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____



NPI #: 1164790507