PHYSICAL THERAPY PRESCRIPTION



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Orthopaedic Surgery and Sports Medicine

Surgical Date: _____

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| PAT | IENT | ST | ICK | ER |
|-----|------|----|------------|----|

KNEE LYSIS OF ADHESIONS AND MANIPULATION PROTOCOL

| Side: ☐ Right ☐ Left | | | | | | | |
|---|--|--|---|---|--|--|--|
| Diagnosis: Lysis of Adhesions and Manipulation for Arthrofibrosis | | | | | | | |
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| | <u>Postop</u> | Goals | <u>Precautions</u> | <u>Exercises</u> | | | |
| | Weeks 0-2 PT 4-5x/week HEP daily | Edema and pain control Maintain full extension Limit quad inhibition Maximize ROM | WBAT No brace Avoid prolonged standing/walking No reciprocal stair ambulation | Heel slides Quadriceps/hamstring sets Patella mobilization Supine and prone PROM and capsular stretching with and without Tib-Fem distraction Core flexibility and strengthening Stationary bike as tolerated | | | |
| | Weeks 2-4 PT 3-4x/week HEP daily | Maximize ROM Minimal swelling Normalize gait Ascend/Decent 8" stair Reciprocate stairs Return to normal ADLs | WBAT No brace Avoid pain with therapeutic exercises and functional activities | Continue above Advance rectus femoris and anterior hip capsule stretching Initiate running when able to descend 8" Cycling, elliptical, running as tolerated | | | |
| | Weeks 4-12 PT 2-3/week HEP daily | Full ROM Return to normal activity Maximize strength/flexibility Run pain-free | WBAT No brace Return to sport (MD directed) | Advance above Plyometrics Agility and sport-specific training | | | |
| | Frequency & Duration: 1-2 2-3 x/week for weeks Home Program | | | | | | |
| | Physician's Sid | nnatura | 1) | | | | |