

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

KNEE SUBCHONDROPLASTY PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: Femoral Tibial Subchondroplasty

Postop	Goals	Precautions	Exercises
Weeks 0-4 HEP daily	Full passive extension ROM 0-125° Patella mobility Edema and pain control SLR without lag Promote independence	PWB (50%) in brace x 2 weeks, then progress to FWB Brace at 0° for ambulation & sleep	A/AA/PROM emphasize extension Short crank ergometry Patella mobilization Quad re-education and SLR Hip/Core training
Weeks 4-8 HEP daily	Full passive extension Full ROM Normalize patella mobility Edema and pain control Improve quad control Promote independence Normalize gait Ascend 8" step with control	WBAT DC brace/crutches when adequate quad and non-antalgic gait	AAROM knee flexion/extension Standard ergometry (when ROM>115°) Patella mobilization Quad re-education Proprioceptive training Hip/Core training Bilateral leg press 0-60°
Weeks 8-12 HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	WBAT No running	Progress squat/leg press Forward step-up/down program Advance proprioceptive training Elliptical, retrograde treadmill
Weeks 12+ HEP daily	Symptom free running Improve strength/flexibility Hop Test >85% limb symmetry No apprehension with sport specific movements	Avoid painful activities	Forward running program when 8" step down OK Progress squat program <90° flexion Advance agility program Plyometrics when sufficient base Sport specific training

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**