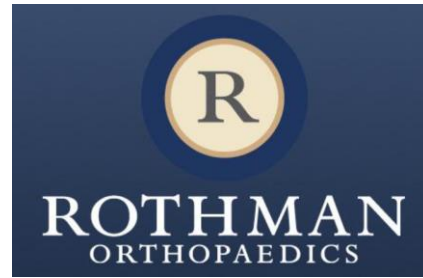


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Patellofemoral Replacement Physical Therapy Protocol/Prescription

Patient Name: _____

Surgery: Right/Left Patellofemoral Replacement

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

1) Motion

- Emphasis on achieving full extension
- Sitting flexion exercises:
 - Patient sits over side of bed or chair. Flexes knee maximally, uses other leg to assist in increasing flexion. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X's daily
- Close chain flexion exercises:
 - Patient sits over side of bed or chair with foot on floor. Brings body forward while foot remains supported. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X's daily
- Stair bend exercises:
 - Patient places operated leg on step, hold rail and leans forward flexing the knee to a maximum position. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions daily.
- Stationary bicycle as tolerated

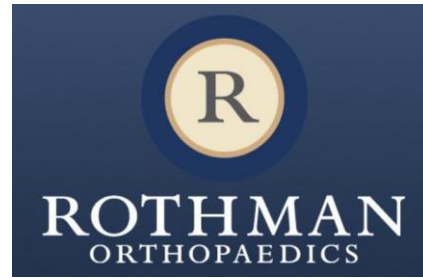
2) Mobility

- Gait training with cane in contra lateral hand weight bearing as tolerated
- Stair walking using rail for support. Advance to reciprocating

3) Muscle strengthening

- Isometric quads, hamstrings, hip abductors, hip extensors
- No open chain extension exercises with weights on ankle
- Terminal extension quad exercises with 1-2 pounds of weight on ankle

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4) **Modalities**

- Ice packs and cold therapy to decrease swelling

5) **Communication**

- Two to Three times a week for four to six weeks
- Contact my office with any question or concern
- Fax progress report on a weekly basis

Comments:

Functional Capacity Evaluation Work Hardening/Work Conditioning Teach HEP

Modalities

Electric Stimulation Ultrasound Iontophoresis Phonophoresis TENS Heat before
 Ice after Trigger points massage Therapist's discretion

Signature _____ Date _____