

| <b>UCLA OUTPATIENT REHABILITATION SERVICES</b>   |  |
|--|--|
| <input type="checkbox"/> <b>WESTWOOD</b><br>1000 Veteran Ave., A level<br>Phone: (310) 794-1323<br>Fax: (310) 794-1457 | <input type="checkbox"/> <b>SANTA MONICA</b><br>1260 15 <sup>th</sup> St, Ste. 900<br>Phone: (310) 319-4646<br>Fax: (310) 319-2269 |
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### **CARTILAGE REPAIR PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Cartilage Repair – Date of Surgery: \_\_\_\_\_**

**Associated Pathology / Procedure: \_\_\_\_\_**

#### **POST-OPERATIVE PHASE I (WEEKS 0-6)**

**Goals:**

- Control post-operative pain / swelling
- Range of Motion 0 → 130°
- Prevent Quadriceps inhibition
- Restore normal gait
- Normalize proximal musculature muscle strength
- Independence in home therapeutic exercise program

**Precautions:**

- Progressive weight bearing with crutches after week 1
- Avoid neglect of range of motion exercises

**Treatment Strategies:**

- FORMCHECKBOX Continuous Passive Motion (CPM) (1-3 hours / day)
- FORMCHECKBOX Active – Assistive Range of Motion Exercises (Pain-free ROM)
- FORMCHECKBOX Towel extensions
- FORMCHECKBOX Patella mobilization all planes
- FORMCHECKBOX TTWB postoperative week 1 with two crutches
- FORMCHECKBOX Progressive Weight Bearing as Tolerated with crutches (D/C crutches when gait is non-antalgic)
- FORMCHECKBOX Postoperative bracing for 2 weeks postoperatively then can D/C
- FORMCHECKBOX Underwater treadmill system (gait training) if incision benign
- FORMCHECKBOX Quadriceps re-education (Quad Sets with EMS or EMG)
- FORMCHECKBOX Multiple Angle Quadriceps Isometrics (Bilaterally – Submaximal, Avoid lesion)
- FORMCHECKBOX Short Crank ergometry → Standard ergometry
- FORMCHECKBOX SLR's (all planes)
- FORMCHECKBOX Hip progressive resisted exercises
- FORMCHECKBOX Leg Press (60° → 0° arc) Bilaterally
- FORMCHECKBOX Bracing / Patella sleeve per MD preference
- FORMCHECKBOX Pool exercises
- FORMCHECKBOX Cryotherapy
- FORMCHECKBOX Plantar Flexion Theraband
- FORMCHECKBOX Lower Extremity Flexibility exercises
- FORMCHECKBOX Upper extremity cardiovascular exercises as tolerated
- FORMCHECKBOX Home therapeutic exercise program: evaluation based
- FORMCHECKBOX Emphasize patient compliance to home therapeutic exercise program and weight bearing progression

**Criteria for Advancement:**

Normalized gait pattern  
ROM 0° → 130°  
Proximal Muscle strength 5/5  
SLR (supine) without extension lag

### **POST-OPERATIVE PHASE II (WEEKS 6-12)**

#### **Goals:**

ROM 0° → WNL  
Normal patella mobility  
Ascend 8" stairs with good control without pain (may need to modify for patella & trochlear lesions)

#### **Precautions:**

Avoid descending stairs reciprocally until adequate quadriceps control & lower extremity alignment is demonstrated  
Avoid pain with therapeutic exercise & functional activities

#### **Treatment Strategies:**

FORMCHECKBOX Continue Progressive Weight Bearing as Tolerated / Gait Training with crutches (if needed)  
FORMCHECKBOX Brace / Patella sleeve per therapist and patient preference  
FORMCHECKBOX Underwater treadmill system (gait training)  
FORMCHECKBOX Gait unloader device  
FORMCHECKBOX AAROM exercises  
FORMCHECKBOX Patella mobilizations  
FORMCHECKBOX Leg Press (90° → 0° arc) Bilaterally → Eccentric  
FORMCHECKBOX Mini Squats  
FORMCHECKBOX Retrograde treadmill ambulation  
FORMCHECKBOX Proprioception / Balance training:  
FORMCHECKBOX Proprioception board / Contralateral Theraband Exercises / Balance systems  
FORMCHECKBOX Initiate Forward Step Up program  
FORMCHECKBOX Stairmaster  
FORMCHECKBOX SLR's (progressive resistance)  
FORMCHECKBOX Lower extremity flexibility exercises  
FORMCHECKBOX OKC knee extension to 40° – (pain / crepitus free arc)  
FORMCHECKBOX Home therapeutic exercise program: Evaluation based

#### **Criteria for Advancement:**

ROM 0° → WNL  
Demonstrate ability to ascend 8" step  
Normal patella mobility

### **POST-OPERATIVE PHASE III (WEEKS 12-18)**

#### **Goals:**

Demonstrate ability to descend 8" stairs with good leg control without pain  
85% limb symmetry on Isokinetic testing & Forward Step Down Step Test  
Return to normal ADL  
Improve lower extremity flexibility

#### **Precautions:**

Avoid pain with therapeutic exercise & functional activities  
Avoid running until adequate strength development and MD clearance

#### **Treatment Strategies:**

FORMCHECKBOX Progress Squat program  
FORMCHECKBOX Initiate Step Down program

- FORMCHECKBOX Leg Press (90° → 0° emphasizing eccentrics)
- FORMCHECKBOX OKC knee extensions 90° → 0° (pain / crepitus free arc)
- FORMCHECKBOX Advanced proprioception training (perturbations)
- FORMCHECKBOX Agility exercises (sport cord)
- FORMCHECKBOX Elliptical Trainer
- FORMCHECKBOX Retrograde treadmill ambulation / running
- FORMCHECKBOX Hamstring curls / Proximal strengthening
- FORMCHECKBOX Lower extremity stretching
- FORMCHECKBOX Forward Step Down Test (NeuroCom)
- FORMCHECKBOX Isokinetic Test
- FORMCHECKBOX Home therapeutic exercise program: Evaluation based

**Criteria for Advancement:**

Ability to descend 8" stairs with good leg control without pain  
 85% limb symmetry on Isokinetic testing & Forward Step Down Test

**POST-OPERATIVE PHASE IV – Return to Sport (WEEKS 18+)**

**Goals:**

Lack of apprehension with sport specific movements  
 Maximize strength and flexibility as to meet demands of individual's sport activity  
 Isokinetic & Hop Testing ≥ 85% limb symmetry

**Precautions:**

Avoid pain with therapeutic exercise & functional activities  
 Avoid sport activity until adequate strength development and MD clearance  
 Be conscious of Patellofemoral overload with increased activity level

**Treatment Strategies:**

- FORMCHECKBOX Continue to advance LE strengthening, flexibility & agility programs
- FORMCHECKBOX Forward running
- FORMCHECKBOX Plyometric program
- FORMCHECKBOX Brace for sport activity (MD preference)
- FORMCHECKBOX Monitor patient's activity level throughout course of rehabilitation
- FORMCHECKBOX Reassess patient's complaint's (i.e. pain / swelling daily – adjust program accordingly)
- FORMCHECKBOX Encourage compliance to home therapeutic exercise program
- FORMCHECKBOX Home therapeutic exercise program: Evaluation based

**Criteria for Discharge:**

Isokinetic & Hop Testing ≥ 85% limb symmetry  
 Lack of apprehension with sport specific movements  
 Flexibility to accepted levels of sport performance  
 Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

**Treatment:** \_\_\_\_\_ times per week                      \_\_\_ Home Program

**Duration:** \_\_\_\_\_ weeks

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

Place label here

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

MRN: \_\_\_\_\_

**Kristofer J. Jones, M.D.**

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**Surgery Type:**

**Location:**

MFC  LFC  Trochlea  Patella  
MTP  LTP

Brace use: \_\_\_\_\_ weeks

TTWB  PWB x \_\_\_\_\_ weeks

WBAT Notes:

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