

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
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**MICROFRACTURE OF KNEE PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Knee Microfracture -- ( MFC / LFC / MTP / LTP )**  
**Surgery Date: \_\_\_\_\_**

**Modalities:**

FORMCHECKBOX Ice / Massage / Anti-Inflammatory Modalities

FORMCHECKBOX Ambulate NWB / TTWB / PWB / FWB in Bledsoe Brace  
 locked @ 0°

FORMCHECKBOX Limit ROM to \_\_\_\_\_° for \_\_\_\_\_ weeks

FORMCHECKBOX Range of Motion: Active / Active-Assisted / Passive

FORMCHECKBOX Home CPM 1-2 hrs / session, TID for 6 weeks

FORMCHECKBOX Quadriceps and Hamstring stretching

FORMCHECKBOX Gradual Progression of Resistance Exercises in Flexed  
 Knee

FORMCHECKBOX Quadriceps Strengthening      FORMCHECKBOX V.M.O.  
 Strengthening

FORMCHECKBOX Full Arc      FORMCHECKBOX 0° - 30° Arc

FORMCHECKBOX Hamstring Strengthening

FORMCHECKBOX Iliotibial Band Stretching / Strengthening

FORMCHECKBOX Adductor / Abductor Stretching / Strengthening

FORMCHECKBOX Begin Straight Leg Raises (Knee at 0°)

FORMCHECKBOX Quad Isometrics

FORMCHECKBOX Exercise Bike      FORMCHECKBOX Stairclimber

FORMCHECKBOX Cybex

FORMCHECKBOX Achilles Tendon Stretching

FORMCHECKBOX Medial Patella Glides

FORMCHECKBOX Electrical Stimulation for Quadriceps

FORMCHECKBOX Hydrotherapy

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

\*\*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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