

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
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FAX: (310) 794-1457	

### **ORIF OCD LESION PHASE II PHYSICAL THERAPY PRESCRIPTION**

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

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

#### **STAGE I (WEEKS 0-8)**

**Goals:**

ROM 0° → WNL  
 Normal patella mobility

**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 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

#### **STAGE II (WEEKS 9-18)**

**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

**STAGE III – 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**    **Duration:** \_\_\_\_\_ **weeks**    \_\_\_\_ **Home Program**

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

ORIF OCD Lesion Phase II

Place label here

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

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

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

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