

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
<input type="checkbox"/> <b>WESTWOOD</b> 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> <b>SANTA MONICA</b> 1260 15 <sup>th</sup> St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

## **OSTEOCHONDRAL ALLOGRAFT PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Knee Osteochondral Allograft Transplantation**  
**Surgery Date: \_\_\_\_\_**

**Modalities:**

- \_\_\_ Strict NWB x 6 weeks, may progress to FWB by 8 weeks
- \_\_\_ Range of Motion: Active / Active-Assisted / Passive
  - \_\_\_ Limit ROM to \_\_\_\_\_° deg for first 4 weeks, then may progress ROM
  - \_\_\_ CPM 3-4 hrs per day for first 6 weeks
- \_\_\_ Straight Leg Raises / Quad Isometrics
- \_\_\_ Quadriceps and Hamstring stretching
- \_\_\_ Quadriceps Strengthening    \_\_\_ V.M.O. Strengthening
  - \_\_\_ Full Arc        \_\_\_ 0° - 30° Arc
- \_\_\_ Hamstring Strengthening
- \_\_\_ Iliotibial Band Stretching / Strengthening
- \_\_\_ Adductor / Abductor Stretching / Strengthening
- \_\_\_ Achilles Tendon Stretching

\_\_\_ Electrical Stimulation for Quadriceps

\_\_\_ Ice / Massage / Anti-Inflammatory Modalities

**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.**

Sports Medicine, Shoulder Surgery and Cartilage Restoration  
UCLA Department of Orthopaedic Surgery  
David Geffen School of Medicine at UCLA  
10833 Le Conte Avenue, 76-143 CHS  
Los Angeles, CA 90095-6902  
Phone: (310) 825-6095  
Fax: (310) 825-1311  
CA License: A126262