

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
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FOR APPTS, CALL: (310) 794-1323 FAX: (310) 794-1457	
<b>Place label here</b>	
NAME OF PATIENT: _____	
MRN: _____	
Place label here	
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**Kristofer J. Jones, M.D.**

Sports Medicine, Shoulder Surgery and Cartilage Restoration  
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**POSTEROLATERAL CORNER KNEE REPAIR / RECONSTRUCTION**  
**PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) PLC Repair / Reconstruction**  
**Associated Procedures: \_\_\_\_\_**  
**Surgery Date: \_\_\_\_\_**

**WEEKS 1-2:**

**GOALS – Pain/effusion control, restore quadriceps function**

- \_\_\_ Ambulate NWB with Brace locked @ 0° extension
- \_\_\_ Avoid Varus Loads to Knee for first 6 weeks
- \_\_\_ AAROM/AROM 0 – 30 degrees
- \_\_\_ Patellar mobilization (please educate patient)

- \_\_\_ Calf pumps
- \_\_\_ Quadriceps Re-education (E-stim, Biofeedback)
- \_\_\_ Quadriceps sets, co-contractions quads
- \_\_\_ Straight leg raise (SLR) sets with foot straight up, **in brace** (NO ABDUCTION)
- \_\_\_ Cryotherapy
- \_\_\_ No active knee flexion, no hamstring workouts

### **WEEKS 3-5:**

- \_\_\_ Ambulate TTWB with Brace locked @ 0° extension, may unlock for sitting with limit 0-90 deg
- \_\_\_ Continue SLR's in brace with foot straight up and quadriceps re-education
- \_\_\_ Scar massage when incision is healed
- \_\_\_ AAROM/AROM 0 – 90 degrees (ROM limited 0 – 90 degrees for first 6 weeks)
- \_\_\_ Patellar mobilization (please educate patient)
- \_\_\_ Calf pumps, heel slides
- \_\_\_ Cryotherapy
- \_\_\_ Continue w/ Home Exercise Program

### **WEEKS 6-8:**

- \_\_\_ Continue with above exercises and cryotherapy
- \_\_\_ Progress to PWB w/ Brace unlocked 0- 90
- \_\_\_ Advance ROM as tolerated with no limits with brace on
- \_\_\_ Stationary bike for range of motion (short crank or high seat, no resistance) without brace
- \_\_\_ Progress to full ROM
- \_\_\_ Progressive SLR program with brace on – start with 1 lb, progress 1-2 lbs per week
- \_\_\_ Hamstring active knee flexion ok
- \_\_\_ Seated leg extension (90 to 40 degrees) against gravity with no weight
- \_\_\_ Calf raises
- \_\_\_ Hip adductor and flexor strengthening

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### **WEEKS 8-10:**

- \_\_\_ Discontinue crutches when gait is not antalgic (progressive weaning to one crutch then d/c)
- \_\_\_ Restore normal gait, can unlock brace for ambulation when quadriceps control restored
- \_\_\_ Flexion exercises seated AAROM
- \_\_\_ Proximal musculature PRE's
- \_\_\_ Continue ROM stretching and overpressure into extension
- \_\_\_ SLR's with brace on – progressive weight
- \_\_\_ Leg press 0-70 degree arc of motion

### **WEEKS 11-12:**

- \_\_\_ Restore full ROM, aggressive if not restored at this point (Goal 0 to 120 degs)
- \_\_\_ Continue Proximal musculature PRE's
- \_\_\_ Mini-squats (0-60 degs) and quad strengthening, progress to ball squats
- \_\_\_ 4 inch step ups
- \_\_\_ Isotonic leg press (0-90 degrees)
- \_\_\_ Bike with light resistance
- \_\_\_ Initiate retro treadmill with 3% incline (for quad control)
- \_\_\_ Sport cord (bungee) walking and lateral step out with therabands
- \_\_\_ Maintain / Improve flexibility in lower extremities
- \_\_\_ Advance hip/sore strengthening and proprioception training
- \_\_\_ D/C brace if quad control adequate

**WEEKS 13-14:**

- \_\_\_ Begin resistance for open chain knee extension
- \_\_\_ Swimming allowed, flutter kick only
- \_\_\_ Progress balance and board throws
- \_\_\_ Plyometric leg press
- \_\_\_ 8 inch step ups/4 inch step downs, progress to 8 inch step downs
- \_\_\_ Start slide board
- \_\_\_ Progress to light running and sport specific drills if:
  - Quad strength > 75% contralateral side
  - Active ROM 0-125 degrees
  - Functional hop test >70% contralateral side
  - No swelling or minimal pain
  - Demonstrates good control on step down

**WEEKS 15-23:**

- \_\_\_ Stairmaster machine
- \_\_\_ If full ROM and quad strength >80% contralateral side, function hop test >85% contralateral side, can progress to home program for running and jumping

**MONTHS 6-12:**

- \_\_\_ Criteria to return to sports and unrestricted activities
  - Full active ROM
  - Quadriceps >90% contralateral side
  - Satisfactory clinical exam
  - Functional hop test >90% contralateral side

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

\*\*Please send progress notes.

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