

Chicago Orthopaedics & SPORTS MEDICINE, S.C.

VASILI KARAS MD, MD
HIP AND KNEE REPLACEMENT
AND RECONSTRUCTION

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Patient Name _____ Sample _____ Surgical Date _____ Sample _____

Diagnosis LEFT / RIGHT Knee DJD Procedure Rapid Recovery Knee Replacement - LEFT / RIGHT TKA

This is an outpatient physical therapy prescription and letter of medical necessity for persons who have undergone rapid recovery knee surgery.

Evaluation and Treat X only as follows Strengthening X Stretching X Modalities X Other X

Frequency/Duration 3 times a week for 6 weeks

- If the patient requests home health for a second week, treat 3 times per week then discharge to outpatient physical therapy.
- Functional Guidelines for Physical Therapy
 - Weight bearing status: Weight bearing as Tolerated unless otherwise specified
 - Gait: Progression from the use of an assistive device to unassisted ambulation is encouraged immediately post-operatively. Progression is per physical therapist discretion with the primary goal of avoiding gait deviations.
- Specifics of exercise:
 - Emphasis on knee extension.
 - Patient should be educated to incorporate extension of surgical knee positioning during sleep and sitting positions in conjunction with elevation.
 - Increasing range of motion is the goal of physical therapy. Patient should achieve 0 degrees of extension and 110 degrees of flexion 2 weeks post-operatively.
 - Abductor and hip strengthening
 - Please call XXXXXXXX (Dr. Karas's Cell Phone) weekly regarding ROM if it is less than 90 degrees after the first week post-operatively.

In making this referral, the physician certifies that the prescribed rehabilitation is a medical necessity.