

Evaluate and Treat
Provide patient with home exercise program
Frequency:x/week xweeks
Phase I (0-2 weeks):
• Weight Bearing: Heel touch only. *
• Brace: On at all times during day and while sleeping.** Off for hygiene.
• ROM: 0-90° at home.
• Exercises: Calf pumps, quad sets SLR in brace, modalities.
Phase II (2-6 weeks):
Weight Bearing: Heel touch only.
• Brace: Off at night. Open 0-90 and worn daytime only until 6 weeks.
ROM: Maintain full extension and progress flexion to full.
• Exercises: Progress non-weight bearing flexibility, modalities. Begin floor-based core and glutes exercises. Advance quad sets, patellar mobs, and SLR.
Phase III (6-8 weeks):
• Weight Bearing: Advance 25% weekly and progress to full with normalized gait pattern .
• Brace: None.
• ROM: Full.
• Exercises: Advance closed chain quads, progress balance, core/pelvic and stability work. Begin stationary bike at 6 weeks. Advance SLR, floor-based exercise; hip/core.
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Patient Name: _____ Date of Surgery: _____



_ Phase IV (8-16 weeks):

- Weight Bearing: Full .
- Brace: None.
- ROM: Full.
- Exercises: Progress flexibility/strengthening, progression of functional balance, core, glutes program. Advance bike, add elliptical at 12 weeks as tolerated. Swimming okay at 12 weeks.

Phase V (16-24 weeks):

- Weight Bearing: Full.
- Brace: None.
- ROM: Full.
- Exercises: Advance Phase IV activity. Progress to functional training, including impact activity after 20 weeks when cleared by MD.

*WB status to be confirmed on patient's specific PT Rx

**Brace may be removed for sleeping after first post-operative visit (day 7-10)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient _____ would _____ would not benefit from social services.

Physician Name: _____

Date:

