



# ABRASION CHONDROPLASTY KNEE



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## Physical Therapy Prescription

\*\*\*Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121\*\*\*

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Diagnosis: R / L Arthroscopic Abrasion Chondroplasty – MFC/LFC

Frequency: 2-3 times per week for \_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

### Phase I (0-4 weeks)

- TTWB x4w
- PROM and AROM stretching, goal is full flexion and extension by week 2 and pain-free ROM by week 4
- Straight leg raises
- Quad sets/isometrics
- Stationary bike

### Phase II (4-12 Weeks)

- Advance to PWB then to FWB when pain free
- Begin strengthening work
- Advance closed-chain exercises

### Phase III (12+ weeks)

- Continue to advance work and sport specific strength training
- Consider unloader brace for compartment

### Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

Signature: \_\_\_\_\_

Date:

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