



Abrasion Chondroplasty Knee - Physical Therapy Prescription

Please fax weekly assessments/progress notes directly to DM Ortho at 303-789-3010

Name: _____

Date: _____

Diagnosis: R / L Arthroscopic Abrasion Chondroplasty – MFC/LFC **Date of Surgery:** _____

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: _____