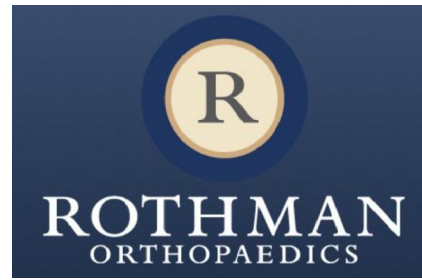


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## **Patellofemoral Replacement Physical Therapy Protocol**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Surgery: Right/Left Patellofemoral Replacement

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

Frequency: 1 2 3 4 times/week      Duration: 1 2 3 4 5 6 Weeks

### **1) Motion**

- Emphasis on achieving full extension
- Sitting flexion exercises:
  - Patient sits over side of bed or chair. Flexes knee maximally, uses other leg to assist in increasing flexion. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X's daily
- Close chain flexion exercises:
  - Patient sits over side of bed or chair with foot on floor. Brings body forward while foot remains supported. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions 3 X's daily
- Stair bend exercises:
  - Patient places operated leg on step, hold rail and leans forward flexing the knee to a maximum position. Holding maximum flexed position for 3-5 seconds, relaxing. Doing 10 repetitions daily.
- Stationary bicycle as tolerated

### **2) Mobility**

- Gait training with cane in contra lateral hand weight bearing as tolerated
- Stair walking using rail for support. Advance to reciprocating

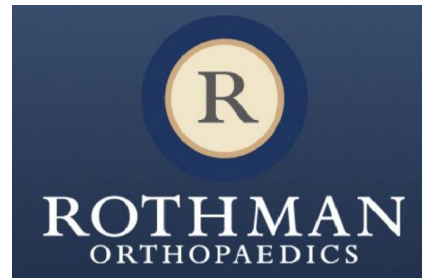
### **3) Muscle strengthening**

- Isometric quads, hamstrings, hip abductors, hip extensors
- No open chain extension exercises with weights on ankle
- Terminal extension quad exercises with 1-2 pounds of weight on ankle

### **4) Modalities**

- Ice packs and cold therapy to decrease swelling

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**5) Communication**

- Two to Three times a week for four to six weeks
- Contact my office with any question or concern
- Fax progress report on a weekly basis

Comments:

Functional Capacity Evaluation     Work Hardening/Work Conditioning     Teach HEP

Modalities

Electric Stimulation     Ultrasound     Iontophoresis     Phonophoresis     TENS     Heat before  
 Ice after     Trigger points massage     Therapist's discretion

Signature \_\_\_\_\_ Date \_\_\_\_\_