



- HEP
- ROM as tolerated in brace
- NWB in brace for 2 weeks
- Progress from 25% - 50% PWB in brace locked in extension for the following 4 weeks
- SLR, quad sets
- Patella mobilization

Supervised PT – 3 times a week (may need to adjust based on insurance)

- Restore full ROM
  - Restore normal gait
  - Demonstrate ability to ascend and descend 8-inch stairs with good leg control without pain
  - Improve ADL endurance
  - Independence in HEP
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- Avoid descending stairs reciprocally until adequate quad control and lower extremity alignment
  - Avoid pain with therapeutic exercise and functional activities
  - Avoid running and sport activity

- Progressive WBAT with brace-allowed flexion advanced if good quad control (good quad set/ability to SLR without pain or lag). May use crutches/cane if needed
- Aquatic therapy if available – pool ambulation or underwater treadmill
- D/C crutches or cane when gait is non-antalgic
- D/C brace and use patellar sleeve when non-antalgic gait and quad control adequate as determined by therapist
- AAROM exercises
- Patellar mobilization
- SLR's in all planes with weights
- Proximal PREs
- Neuromuscular training (bilateral to unilateral support)
- Balance apparatus, foam surface, perturbations
- Short crank stationary bike
- Standard stationary bike (when knee ROM > 115)
- Leg press – bilateral/eccentric/unilateral progression
- Squat program (PRE) 0-60 deg
- Open chain quad isotonics (pain free arc of motion)
- Initiate step-up and step-down programs
- Stairmaster
- Retrograde treadmill ambulation
- Quad stretching
- Elliptical machine
- Forward Step-Down Test
- Upper extremity cardiovascular exercises as tolerated
- Cryotherapy
- Emphasize patient compliance to HEP

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