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Physical Therapy Prescription
CHONDROPLASTY / DEBRIDEMENT

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____

Dx: s/p (LEFT / RIGHT) Chondroplasty of patella

MODALITIES			
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
0-2 weeks	As tolerated. Crutches first 1-2 weeks as needed.	No restrictions other than pain	Heel slides, quds sets, straight leg raises, weight shifts, Gait training
2-4 weeks	Full weight bearing	Full ROM by week 4	CKC quad, hip and glute exercises, balance exercises
4-6 weeks	Full weight bearing	Full ROM	Closed chain exercises (i.e. Dead lifts, light weight mini-squats, step ups, etc.)

6+ weeks

Progressive overload of 2 exercises below. Must continue to increase resistance/load while allowing enough time for recovery. Increase load before increasing volume. Work sets ideally stay between 2-4 with rep ranges between 3-8. Linear progression of resistance. No more than 3 sessions per week.

- ___ Squat/Push variations – Back squat, step up, Hex bar, Leg Press, Total Gym, Bulgarian SS, etc.
- ___ Hip hinge variations – Deadlift, RDL, GHD, Good mornings, Bridging, Hip thrusters, Nordic HS, etc.
- ___

- NO passive modalities
- ___ Bridging program progressing to weighted hip thrusters
- ___ Rotation / Anti-rotation exercises for trunk
- ___ NO open chain knee extensions
- ___ Limit running and explosive activities while symptomatic

Physical therapy to evaluate and treat for post-op partial meniscectomy

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**