



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

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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