

Extensive Lysis of Adhesions/Arthrofibrosis

Pt Name: _____

Dr: Alexander Strassman, DO

Date: _____

ROM RESTRICTIONS

Full passive motion

BRACE SETTINGS

None

WB STATUS

Partial weight bearing x 1-2 weeks

TIME LINES

Week 1 (1-7 PO)
Week 2 (8-14 PO)
Week 3 (15-21 PO)
Week 4 (22-28 PO)

● = Do exercise for that week

Week

Initial Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension - wall slides	●	●	●	●	●	●	●	●						
Flexion/Extension - seated	●	●	●	●	●	●	●	●						
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Extension mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring sets	●	●	●	●	●	●	●	●						
Sit and reach for hamstrings (towel)	●	●	●	●	●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Toe and heel raises				●	●	●	●	●						
Balance series				●	●	●	●	●	●	●	●	●	●	●
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike/Rowing with well leg	●	●	●	●	●	●	●	●						
Bike with both legs - no resistance	●	●	●	●	●	●	●	●	●					
Bike with both legs - resistance						●	●	●	●	●	●	●	●	●
Aqua-jogging						●	●	●	●	●	●	●	●	●
Treadmill - walking 7% incline							●	●	●	●	●	●	●	●
Swimming with fins							●	●	●	●	●	●	●	●
Elliptical trainer								●	●	●	●	●	●	●
Rowing									●	●	●	●	●	●
Stair stepper										●	●	●	●	●
Weight Bearing Strength	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends							●	●	●	●	●	●	●	
Double leg bridges							●	●	●	●				
Reverse lunge - static hold							●	●	●	●				
Beginning cord exercises							●	●	●	●	●			
Balance squats										●	●	●	●	●
Single leg dead-lift										●	●	●	●	●
Leg press										●	●	●	●	●
Sports Test exercises											●	●	●	●
Agility Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression											●	●	●	●
Initial - single plane											●	●	●	●
Advance - multi directional												●	●	●
Functional sports test												●	●	●
High Level Activities	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf											●	●	●	●
Outdoor biking, hiking, snowshoeing											●	●	●	●
Skiing, basketball, tennis, football, soccer												●	●	●

Therapist Name: _____