

Physical Therapy Prescription – Manipulation Under Anesthesia and Lysis of Adhesions

Name: _____ Date of Surgery: _____

Procedure: R / L Knee Arthroscopy, MUA and LOA

Frequency: 5 times per week for 2 weeks, then 2-3 times per week for 4 weeks

PHASE I (Weeks 0 – 2): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** As tolerated
- **Hinged Knee Brace:** If provided – worn locked in extension at night only
- **Range of Motion:** AAROM → AROM as tolerated
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, non-weightbearing Gastroc/Soleus stretching, straight-leg raises, planks, bridges, stationary bike, supine and prone PROM/ capsular stretching with and without Tib-Fem distraction
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

PHASE II (Weeks 2 – 4): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** As tolerated
- **Hinged Knee Brace:** None
- **Range of Motion:** Aggressive full ROM
- **Therapeutic Exercises:** Advance Phase I exercises, Patellar mobs, quad/hamstring sets, heel slides, non-weightbearing Gastroc/Soleus stretching, straight-leg raises
 - Advance rectur femoris/anterior hip capsular stretching. Incorporate cycling, elliptical and running when tolerated.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 4 - 12)

- **Weightbearing:** Full
- **Hinged Knee Brace:** None
- **Range of Motion:** Aggressive full ROM
- **Therapeutic Exercises:** Advance Phase II exercises, add sport-specific exercises as tolerated. Maintain core, glutes, hip and balance program
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Signature: _____

Date: _____