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Physical Therapy Prescription – Knee Rehabilitation (Nonoperative)

Name: _____ Date: _____

General goals: decrease edema, improve ROM, activate quadriceps, improve core strength, improve flexibility

- **Weightbearing:** As tolerated; okay to use crutches for 2-3 days if needed
- **Brace:** None
- **Range of Motion:** Active ROM as tolerated
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, heel slides, step-ups, straight-leg raises, stationary bike as tolerated; core exercises
 - As tolerated: progress to lunges, wall-sits, road cycling, elliptical
 - As tolerated: add plyometrics and sport-specific exercises; add running; return to athletic activity
- **Modalities:** Per therapist, including dry needling, electrical stimulation, ultrasound, heat (before), ice (after)

Signature: _____

Date: _____