POST-OP DAY 1 - DAY 14

INITIATE OUTPATIENT PHYSICAL THERAPY FOLLOWING D/C FROM HOSPITAL

WOUND CARE
- Clean incision site, instruct patient to clean daily with rubbing alcohol
- Apply sterile gauze pad and hold in place with TED Hose (do not use tape/bandaids directly on the skin)

GAIT TRAINING/ASSISTIVE DEVICE
- Weight bearing per physician orders
- Walker/crutches

TED HOSE
- Operative leg x 4 weeks / non-operative leg x 2 weeks

THER-EX
- Review HEP
  - Quad set
  - Glut set
  - SAQ
  - SLR
  - Hip Abd/Add
  - LAQ
  - Ankle pump
  - Heel Prop
  - Heel Slide
- Manual stretching
- Stationary bike
- Standing heel raises
- Lateral step ups

MODALITIES
- Cryotherapy
- E-stim (PRN)
- Biofeedback (PRN)

IMMOBILIZER
- Patient may be sent home from the hospital with the immobilizer on due to quad weakness.
- Outpatient Physical Therapist to determine when patient has adequate quad control to ambulate without the immobilizer.

POST-OP DAYS 15 - 28

THER-EX
- Continue above exercises
- Standing exercises
  - TKE’s
  - 4 way hip
  - Marching - SL balance
  - Hamstring curl
- Continue manual stretching as needed for full flexion and extension
- Proprioception exercises

GAIT TRAINING / ASSISTIVE DEVICE
- Transition to cane as tolerating

POST-OP DAYS 29-36

THER-EX
- Continue above exercises, progress as tolerated
- Independent with HEP at D/C

GAIT TRAINING / ASSISTIVE DEVICE
- Progress to no assistive device as appropriate

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Physician Signature