

MANIPULATION UNDER ANESTHESIA AND LYSIS OF ADHESIONS PT PROTOCOL

The patient will undergo physical therapy 4-5 times per week to optimize ROM

Phase 1 (Weeks 0-1)

- Modalities- ice/polar care/celebrex 200 mg BID to reduce pain and inflammation
- Weight bearing:
 - NWB with HKB until regional block wears off (day 0-1)
 - Partial weight bearing (50% body weight) for 1 week- no bracing
- Range of motion
 - Continuous passive motion (CPM) 6-8 hours/day for 6-8 weeks
 - Set to 1 cycle per minute- start at level of flexion that is comfortable
 - Advance 10° per day until full flexion achieved
 - Passive range of motion and stretching under guidance of PT
- Therapeutic exercises
 - Quad and hamstring isometrics
 - Heel slides
 - Gait training

Phase 2 (Weeks 1-6)

- Weight bearing: Advance to full weight bearing as tolerated
- Range of motion
 - Advance to full/ painless ROM
 - Dyna-splint or JAS splint as indicated for extension deficit
 - Aggressive patella mobility
- Therapeutic exercises
 - Closed chain extension exercises
 - Hamstring curls
 - Toe raises
 - Balance exercises
 - Begin use of stationary bicycle/ elliptical with LOW RESISTANCE

Phase 3 (Weeks 6-12)

- Weight bearing: full
- Range of motion: full and painless
- Therapeutic exercises
 - Continue patella mobility
 - Bilateral closed chain flexion and extension exercises, progress to unilateral as tolerated
 - proprioception activities
 - Sport-specific rehabilitation/gym strengthening- start week 11
- Gradual return to athletic activity as tolerated- including jumping/ cutting/ pivoting sports
- Maintenance program for strength and endurance