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Patient Name:

Date:

Date of Surgery:

**Knee Rehabilitation:
Patella Fracture ORIF**

- Weight Bearing: NWB / TTWB / PWB x 6 weeks
- Range of Motion Active Flexion, Passive Extension ONLY for first 6 weeks
**** NO ACTIVE EXTENSION ****
- Limit ROM to _____ deg for first 4 weeks, then may progress ROM
- CPM 3-4 hrs per day for first 6 weeks
- Straight Leg Raises / Quad Isometrics
- Quadriceps and Hamstring stretching
- Quadriceps Strengthening ___ V.M.O. Strengthening
___ Full Arc ___ 0-30° Arc
- Hamstring Strengthening
- Iliotibial Band Stretching / Strengthening
- Adductor/Abductor Stretching / Strengthening
- Achilles Tendon Stretching
- Electrical Stimulation for Quadriceps
- Ice / Massage / Anti-Inflammatory Modalities

Please send progress notes.

Physician's Signature: _____
Gregory Galano, MD