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Patient: _____ Date of Surgery _____

Rx: Physical Therapy after Total Knee Replacement

Frequency: 2-3 times per week

Duration: The first 6 weeks after surgery

- **PRECAUTIONS:** None
- **EXTERNAL SUPPORT:** Cane or Crutches for 6 weeks. Use Walker only if necessary
- **WEIGHT BEARING:** Full weight bearing as tolerated using Cane, Crutches or Walker
- **NO WEIGHTS OR RESISTANCE EXERCISES**
- Active and passive range of motion exercises of the knee: 0° - 135°
 - Inform the patient of the range of motion achieved after each session
 - **Patient must maintain full extension and flexion greater than 90°**
 - **If not, have the patient call the office to inform us**
- Isometric exercises of the quadriceps, hamstrings and gluteal muscles
- Return to normal activities of daily living as soon as comfortable including walking outdoors, riding in a car and returning to work if sedentary and comfortable doing so.
- The patient may drive and travel at 3 weeks if comfortable and capable.

Additional Instructions:

A handwritten signature in blue ink, appearing to read "S. Harwin".

Steven F. Harwin, MD, FACS (5-17)