

PT PROTOCOL

Manipulation Under Anesthesia (MUA) and Lysis of Adhesions

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Weight-bearing status depends on the specific procedure performed, intraoperative findings, and radiographic healing. Follow the weight-bearing status in the phases below unless a different status is indicated here.

☐ Non-weight-bearing ☐ Toe-touch / partial weight-bearing ☐ Weight-bearing as tolerated

Brace / precautions: _____

1

Week 0-1

Restore motion; touchdown WB, CPM per PT guidance

2

1-6 Weeks

Advance to full WB; discontinue crutches

3

6 Weeks

Full WB & ROM; begin sport-specific rehab

4

12 Weeks

Gradual return to jumping/cutting/pivoting sports

Milestones above are goals, not guarantees; progression is criterion-based.

Phase 1 Weeks 0-1

Weight-Bearing: Touchdown weight-bearing (20-30% body weight) for 1 week; no bracing.

Range of Motion: Continuous passive motion (CPM), 6-8 hours/day for the duration of Phase 1. Set to 1 cycle/minute, starting at a comfortable flexion angle, advancing 10° per day until full flexion is achieved. Passive range of motion and stretching under PT guidance.

Therapeutic Exercises

- Quad and hamstring isometrics.
- Heel slides.

Phase 2 Weeks 1-6

Weight-Bearing: Advance to full weight-bearing as tolerated; discontinue crutch use.

Range of Motion: Advance to full, painless ROM.

Therapeutic Exercises

- Closed-chain extension exercises.
- Hamstring curls.
- Toe raises.
- Balance exercises.
- Begin use of stationary bicycle/elliptical.

Weight-Bearing: Full.

Range of Motion: Full and painless.

Therapeutic Exercises

- Advance closed-chain strengthening exercises, proprioception activities.
- Sport-specific rehabilitation.
- Gradual return to athletic activity as tolerated, including jumping, cutting, and pivoting sports.
- Maintenance program for strength and endurance.