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## **PATIENT NAME:**

**PROCEDURE:** 

DATE OF SURGERY:

## <u>PHYSICAL THERAPY PROTOCOL – Manipulation under Anesthesia and Lysis of Adhesions for</u> <u>Arthrofibrosis of Knee</u>

Please schedule physical therapy for minimum 3 times per week and on several consecutive days immediately after surgery

Please work aggressively on maintaining knee range of motion and progress to full Control edema and pain All modalities as needed