



ATI
PHYSICAL THERAPY

**HERE
FOR
YOU**

**Patient
Check List**

Non-Operative Degenerative Joint Disease

Name: _____

Dr: _____

Date: _____

● = Do exercise for that week/month

Week

Month

Initial Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Extension/ Flexion-wall slides	●	●	●	●	●	●								
Extension/ Flexion -sitting	●	●	●	●	●	●								
Extension/ Flexion- prone	●	●	●	●	●	●								
Quad sets with straight leg raises	●	●	●	●	●	●								
Hamstring sets	●	●	●	●	●	●								
Patella/Tendon mobs.	●	●	●	●	●	●								
Ankle Pumps	●	●	●	●	●	●								
Sit and reach for hamstrings (towel)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Runners stretch for calf and achilles	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Stork stand for quadriceps	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Toe and heel raises	●	●	●	●	●	●								
1/3 knee bends	●	●	●	●	●	●								
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Bike with single leg/single leg rowing														
Bike with both legs	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Aquajogging	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Treadmill-incline 7-12%	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Swimming with fins	●	●	●	●	●	●	●	●	●	●	●	●		
Elliptical trainer			●	●	●	●	●	●	●	●	●	●	●	●
Rowing			●	●	●	●	●	●	●	●	●	●	●	●
Stair stepper					●	●	●	●	●	●	●	●	●	●
Sport Cord Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Double knee bends	●	●	●	●	●	●								
Carpet drags	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Gas Pedal	●	●	●	●	●	●								
Forward/backward jogging				●	●	●	●	●	●	●	●	●	●	●
Single knee bends						●	●	●	●	●	●	●	●	●
Side to side lateral agility							●	●	●	●	●	●	●	●
Agility Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Initial											●	●	●	●
Advance												●	●	●
Weights	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Leg press to 90 degrees							●	●	●	●	●	●	●	●
Leg curls – don't hyperextend							●	●	●	●	●	●	●	●
Ab/adduction							●	●	●	●	●	●	●	●
Mini squats with bar														
Balance Squats														
High Level Activities	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Outdoor biking			●	●	●	●	●	●	●	●	●	●	●	●
Golf							●	●	●	●	●	●	●	●
Running														
Skiing, basketball, tennis, football, soccer							●	●	●	●	●	●	●	●

**ROM
RESTRICTIONS**

**BRACE
SETTINGS**

**WEIGHT
BEARING
STATUS**

- Non WB
- Touch Down WB
- Partial 30% WB
- As tolerated WB
- Full WB

TIME LINES

- Week 1 (1-7POD)
- Week 2 (8-14POD)
- Week 3 (15-21POD)
- Week 4 (22-28POD)