Patient Check List

Total Knee Protocol **Type I**

ATI PHYSICAL THERAPY HERE FOR YOU

Name: _____

Dr: _____ Date: _____

●= Do exercise for that week/month

	Week										Month			
Weight Bearing Status	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Weight Bearing as Tolerated	●	●	●	●										
Straight Cane			●	●	●									
Full Weight Bearing				●	●	●	●	●	●	●	●	●	●	●
Range of Motion	1	2	3	4	5	6	7	8	9	10	3	4	5	6
0 – 90 Degrees	●	●												
0 – 120 Degrees			●	●	●	●	●	●	●	●	●	●	●	●
Initial Exercises Phase I	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Extension/ Flexion-wall slides -supine	●	●	●	●	●	●	●	●	●	●				
Extension/ Flexion -sitting	●	●	●	●	●	●	●							
Extension/ Flexion- prone							●	●	●	●	●	●	●	●
Quad sets	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hamstring sets	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patella/Tendon mobs.					●	●	●	●	●	●				
Ankle Pumps	●	●	●	●	●	●								
Sit and reach for hamstrings (towel)	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Runners stretch for calf and achilles							●	●	●	●	●	●	●	●
Straight leg raise w/ good quad set			●	●	●	●	●	●	●	●	●	●	●	●
Straight leg raise Extension			●	●	●	●	●	●	●	●	●	●	●	●
Straight leg Abduction/Adduction			●	●	●	●	●	●	●	●	●	●	●	●
Functional Phase	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Toe and Heel Raises				●	●	●	●	●	●	●	●			
Mini Squats				●	●	●	●	●	●	●	●			
Glut Med Progression				●	●	●	●	●	●	●	●			
Bridging				●	●	●	●	●	●	●	●			
Gait Training	●	●	●	●	●	●	●	●	●	●	●			
Pool Program (Shallow Water)							●	●	●	●	●	●	●	●
Progressive Proprioception Program				●	●	●	●	●	●	●	●			
Cardiovascular	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Nustep							●	●	●	●	●	●	●	●
Stationary Bicycle Progression				●	●	●	●	●	●	●	●	●	●	●
Upper Extremity Bike				●	●	●	●	●	●	●	●	●	●	●
Pool Program (Deep Water)											●	●	●	●
Maintenance	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Phase I Exercises (2 sets of 10 and hold 15 secs. each												●	●	●
Pool Program (3x/week)												●	●	●