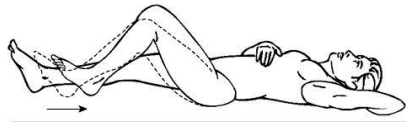
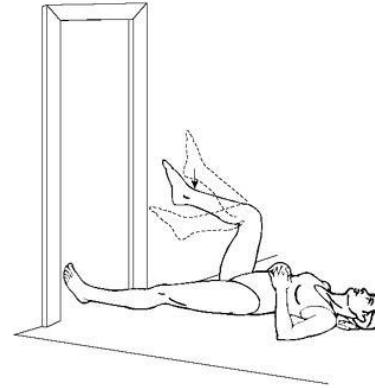


Date:
Patient Name:



RANGE OF MOTION • Knee Flexion

1. Lie on your back with your legs out straight.
2. Slowly slide your heel toward your buttocks. Bend your knee as far as is comfortable to get a stretching sensation.
3. Hold for _____ seconds.
4. Return your leg to the starting position.
5. Repeat exercise _____ times, _____ times per day.



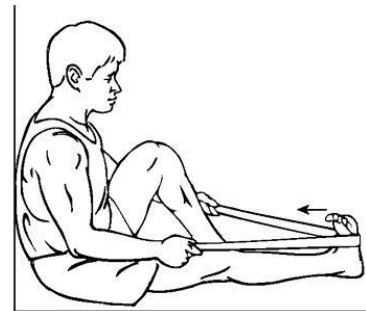
RANGE OF MOTION • Gravity Knee Flexion, Wall Slides

1. Lie on the floor as shown with your toes/foot lightly touching the wall.
2. Allow your toes/foot to slide down the wall, allowing gravity to bend your knee for you.
3. Obtain a “comfortable” stretching sensation.
4. Hold this position for _____ seconds. Then return the leg to the starting position.
5. Repeat exercise _____ times, _____ times per day.



RANGE OF MOTION • Knee Flexion and Extension

1. Sit on the edge of a table or chair.
2. **Flexion** Cross your ankles, placing the unaffected leg on top of the affected leg. Pull your heel(s) backward under the surface you are sitting on to increase the amount you can bend.
3. **Extension** Cross your ankles, placing the unaffected leg under the affected leg. Pull your heel(s) backward under the surface you are sitting on to increase the how much you can straighten your knee.
4. Repeat exercise _____ times, _____ times per day.

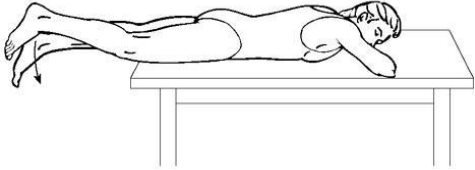


STRETCH • Knee Extension

1. Sit with your leg straight out in front of you and loop a towel around the ball of your foot as shown in the diagram.
2. Pull your foot and ankle toward you using the towel.
3. Keep your knee straight while doing this. Do not let your knee bend.
4. Hold this position for _____ seconds.
5. Repeat exercise _____ times, _____ times per day.

Date:
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**RANGE OF MOTION • Knee
Extension, Prone**



1. Lie on your stomach on a bed or sturdy table with your knee and leg off the table. The kneecap should be off the edge of the bed or table.
2. Allow gravity to straighten your knee for you.
3. Hold this position for _____ seconds.
4. Repeat exercise _____ times, _____ times per day.