

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT)

DATE _____

ACL INSUFFICIENCY/TEAR THERAPY PRESCRIPTION

Goals: **ACL NON-OPERATIVE INSUFFICIENCY PHYSICAL THERAPY PRESCRIPTION**

- 1.) RECOVERY / REPERATION FROM INITIAL INJURY
- 2.) RESTORE NORMAL RANGE OF MOTION
- 3.) MINIMIZE INFLAMATION AND EFFUSION
- 4.) IMPROVE STRENGTH IN AN ATTEMPT TO RETURN TO NON-CUTTING SPORTS WITHOUT SURGERY.

PHASE 1: RECOVERY/ RECUPERATION (APPROX 4-6 WEEKS)

- ___ Restore ROM
- ___ Quadriceps Isometrics. Quadricep Isotonics 90 degrees – 30 degrees arc
- ___ PWB - FWB
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE's
- ___ Stationary Biking
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press, Noric track
- ___ Balancing for joint stability
- ___ Patellar mobilization

PHASE 2: LIMITED RETURN TO SPORTS PHASE (4-6 WEEKS)

- ___ Progress endurance activities
- ___ Begin agility exercises
- ___ Begin running program
- ___ Continue with Stair master, Versiclimber, etc.
- ___ Continue with Quadriceps Isometrics, Isotonics, Eccentrics, - full arc
- ___ Isokinetic test
- ___ Limited return to sports with brace. Brace 10 degrees-140 degrees

FULL RETURN TO SPORTS PHASE (APPROX 3 MONTHS POST INJURY)

- ___ Begin aggressive functional exercises, **CONSIDER CUSTOM ACL BRACE**
- ___ Progress running program
- ___ Continue/ Progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics

**Please send progress notes.

Physician's Signature: _____

Stephan J. Sweet, M.D., M.P.H.