

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT/ RIGHT) ACL RECON WITH: BTB/HAMSTRING/ALLOGRAFT AND MEDIAL/LATERAL MENISCAL REPAIR

DATE OF SURGERY _____

0-2 Weeks-TDWB, crutches, Passive ROM 0-60° only, Straight leg raise, Isometric quads, icing and edema control, ankle pumps

2 Weeks s/p Reconstruction

- ___ Advance to full WB with brace locked in extension
- ___ Progress AAROM and AROM 0-90°. Limb flexion to 90° for 4 weeks to protect meniscus. Passive terminal extension (40°-0°)
- ___ Quadriceps re-education. E-stim / Biofeedback
- ___ Isometrics at 90° / Straight leg Raises with 1lb weight
- ___ Patellar mobilization (gentle)
- ___ Short crank bicycle ergometry
- ___ Cryotherapy
- ___ Goals – 90° flexion by end week 4, full weight bearing
110° flexion by end week 6

6 Weeks s/p Reconstruction – DC brace. allow full weight bearing

- ___ Open Brace then discontinue if quad control is good
- ___ Terminal ROM flex and extension. No limitations
- ___ Begin squat/step program
- ___ Quadriceps strengthening
- ___ Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
- ___ Begin retro program

12 Weeks s/p Reconstruction

- ___ Quadriceps isotonic – full arc for closed chain
- ___ Begin functional exercise program
- ___ Isokinetic Quadriceps with distal pad
- ___ Begin running program at 18 weeks

24 Weeks s/p Reconstruction

- ___ Full arc progressive resistance exercises – emphasize Quads
- ___ Agility drills
- ___ Advanced functional exercises
- ___ Progress running program – cutting, consider fitting for functional brace

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____