

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT/ RIGHT) ACL RECONSTRUCTION WITH: BTB/ALLOGRAFT/HAMSTRING GRAFT
DATE OF SURGERY _____

0-2 Weeks-WBAT crutches, Passive ROM unlimited, 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° by end of 1st week, 110° by end of 2nd week
- ___ Quadriceps re-education. E-stim / Biofeedback
- ___ Isometrics at 90° / Straight leg Raises with 1lb weight
- ___ Patellar mobilization (gentle)
- ___ Short crank bicycle ergometry
- ___ Cryotherapy
- ___ Goals – out of brace with good quad control 3-4 weeks

6 Weeks s/p Reconstruction

- ___ 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

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____