

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT/ RIGHT) ACL/PCL/MCL/LCL RECONSTRUCTION WITH ALLOGRAFT

DATE OF SURGERY _____

0-4 Weeks-TDWB, crutches, Passive ROM unlimited to 90 flexion, obtain full extension, Straight leg raise, isometric quads, icing and edema control, ankle pumps

4 Weeks s/p ACL Reconstruction-ADVANCE TO WBAT IN BRACE

- ___ Progress ROM 0-90° Limit flexion to 90° for 4 weeks. Passive terminal extension (40° - 0°)
- ___ Quadriceps re-education. E-stim / Biofeedback
- ___ Leg press in 90° - 40° arc – start with eccentrics
- ___ Hamstring and Hip progressive resistance exercises
- ___ Isometrics at 90° / Straight Leg Raises
- ___ Patellar mobilization
- ___ Short crank bicycle ergometry
- ___ Cryotherapy
- ___ Open brace from 0-40° at 4-6 weeks if quad control is good. Goal is to discontinue brace at 6-8 weeks.
- ___ Goals - 90° flexion by end week 2, 110° flexion by end week 6

6 Weeks s/p ACL Reconstruction

- ___ Terminal ROM flex and extension, aggressive terminal extension, gentle terminal flexion
- ___ Unlock Brace and advance to WBAT, DC brace at 8 weeks if quad control good
- ___ Begin Quadriceps isotonic with proximal pad in 90° - 40° arc
- ___ Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
- ___ Begin retro program
- ___ Nordic track

12 Weeks s/p ACL Reconstruction

- ___ Quadriceps isotonic – full arc for closed chain. Open chain: 90° - 40° arc
- ___ Begin functional exercise program
- ___ Isokinetic Quadriceps with distal pad
- ___ Begin running program at earliest 18 weeks

24 Weeks s/p ACL Reconstruction

- ___ Full arc progressive resistance exercises – emphasize Quads
- ___ Agility drills
- ___ Advanced functional exercises
- ___ Progress running program – cutting
- ___ Functional testing (single leg hop, etc.) to determine readiness for sport, fit for custom brace.

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____