

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT) ACL TEAR

DATE _____

DATE OF INJURY: _____

APPROXIMATE DATE OF SURGERY _____

Goals: ACL INSUFFICIENCY PREOPERATIVE PHYSICAL THERAPY PRESCRIPTION

- 1.) RECOVERY / REPERATION FROM INITIAL INJURY
- 2.) RESTORE NORMAL RANGE OF MOTION
- 3.) MINIMIZE INFLAMATION AND EFFUSION
- 4.) IMPROVE PREOPERATIVE STRENGTH

___ 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

**Please send progress notes.

Physician's Signature: _____
Stephan J. Sweet, M.D., M.P.H.