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Physical Therapy Prescription

Patient Name: _____ **Date:** _____

Diagnosis: Right/Left ACL Reconstruction with Patellar Allograft/Autograft, Hamstring Autograft/Allgraft

Date of Surgery: _____

- Evaluate and Treat – no open chair or isokinetic exercises
- Provide patient with home exercise program

- Weeks 1-6 - Period of protection
 - ◆ Weight bearing as tolerated without assist by post-op day 10. Patients in hinged knee braces, who have had their own patellar tendon or hamstring used, should be locked in extension when sleeping ambulating until week 6. Patients who have had an allograft used may discontinue the immobilizer after 10-14 days.
 - ◆ ROM – progress through passive active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up to 10#) recommended. Stationary bike with no resistance for knee flexion (alter set height as ROM increases).
 - ◆ (Goal – Full extension by 2 weeks, 120 degrees of flexion by 6 weeks.)
 - ◆ Patellar mobilization, 5-10 minutes daily.
 - ◆ Strengthening – quad sets, SLRs with knee locked in extension. Begin closed chain work (0-45 degrees) when full weight bearing. No restrictions to ankle/hip strengthening.

- Weeks 6-12
 - ◆ Transition to custom ACL brace if ordered by the physician
 - ◆ ROM – Continue with daily ROM exercises
(Goal – increase ROM as tolerated)
 - ◆ Strengthening – Increase closed chain activities to 0-90 degrees. Add pulley weights, theraband, etc. Monitor for anterior knee pain symptoms. Add core strengthening exercises.
 - ◆ Add side lunges, and/or slideboard. Add running around 8 weeks when cleared by physician.
 - ◆ Continue stationary bike and biking outdoors for ROM, strengthening and cardio.

- Weeks 12-18
 - ◆ Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.
 - ◆ Initiate agility training (figure 8s, cutting drills, quick start/stop, etc.). Some patients may be cleared by MD earlier.
 - ◆ Begin plyometrics and increase as tolerated.
 - ◆ Begin to wean patient from formal supervised therapy encouraging independence with home exercise program.

- Other:
 - Modalities
 - Electric Stimulation Ultrasound Heat before/after Ice before/after exercise
 - May participate in aquatherapy after week three, begin swimming/running week 6.

Frequency: _____ x/week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.