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### **Physical Therapy Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Surgery: \_\_\_\_\_

Evaluate and Treat – no open chain 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 knee immobilizers may discontinue the immobilizer after 10-14 days, once good quad control is maintained.
- ◆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 and 90 degrees of flexion 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

- ◆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 8-10 weeks only 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.