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Physical Therapy Prescription

Patient Name: _____ Date: _____

Diagnosis: Right/Left PCL Reconstruction with 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
 - ◆0-4 weeks Weight bearing as tolerated in brace locked in extension, unlock at 4 weeks
 - ◆ROM – passive flexion only, advance passive flexion to 90 degrees by 6 weeks
 - ◆Patellar mobilization, 5-10 minutes daily.
 - ◆Strengthening – quad sets, SLRs with knee locked in extension, standing hip extension hamstring/calf stretching, progress calf strengthening starting with therabands working up to standing toe raises

- Weeks 6-12
 - ◆ROM – Continue with daily ROM exercises, initiate AROM progressing to Full by 12 weeks
 - ◆Gait training with/without brace as tolerated
 - ◆Strengthening – Increase closed chain activities to 0-90 degrees. theraband, wall squats/slides.
 - ◆Stationary bike for ROM, initiate light resistance, and cardio.
 - ◆Closed chain knee extension, balance and proprioception activities

- 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.