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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 hinged knee braces should be locked in extension when sleeping and ambulating until week 6. Patients in knee immobilizers 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.