PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE OF SURGERY: _

DIAGNOSIS: (LEFT/RIGHT) ACL RECONSTRUCTION WITH: BTB/ALLOGRAFT/HAMSTRING GRAFT <u>PHYSICAL THERAPY PRESCRIPTION</u>

0-2 Weeks:

TDWB, crutches, Passive ROM unlimited, Straight leg raises, prone hangs, isometric quads, icing and edema control, ankle pumps **<u>2 Weeks S/P Reconstruction</u>**:

- _____Advance to full WB with brace locked in extension
- Progress AAROM and AROM 0 –90 by end of 1st week, 110 by end of second week; emphasize extension
- Quadriceps re-education E-stim / Biofeedback
- ____ Isometrics at 90 degrees / Straight Leg Raises with 1lb weight
- ____ Patellar mobilization (gentle)
- ____ Short crank bicycle ergometry
- ____ Cryotherapy
- ____ Goals: out of brace with good quad control 3-4 weeks

6 Weeks S/P Reconstruction:

- _____Terminal ROM flex and extension. No limitations
- ____Begin squat/step program
- ____ Quadriceps strengthening
- ____ Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
- ____ Begin retro program

12 Weeks S/P Reconstruction:

- ____ Quadriceps Isotonics full arc for closed chain.
- ____ Begin functional exercise program
- ____ Isokinetic Quadriceps with distal pad
- ____ Begin running program at 18 weeks

24 Weeks S/P Reconstruction:

- ____ Full arc progressive resistance exercises emphasize Quads
- ____ Agility drills
- ____ Advanced functional exercises
- Progress running program cutting

Treatment: ______ times per week Duration: ______ weeks

Physician's Signature: _

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