

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
of USC

PATIENT STICKER

DATE: _____

DIAGNOSIS: (LEFT/RIGHT) ACL INSUFFICIENCY/TEAR

ACL NON-OPERATIVE INSUFFICIENCY PHYSICAL THERAPY PRESCRIPTION

GOALS:

- 1) RECOVERY / RECUPERATION FROM INITIAL INJURY
- 2) RESTORE NORMAL RANGE OF MOTION
- 3) MINIMIZE INFLAMMATION AND EFFUSION
- 4) IMPROVE STRENGTH IN AN ATTEMPT TO RETURN TO NON-CUTTING SPORTS WITHOUT SURGERY.

PHASE 1: RECOVERY / RECUPERATION (APPROX 4-6 WEEKS)

- ___ Restore ROM
- ___ Quadriceps Isometrics. Quadricep Isotonics 90 deg – 30 deg arc
- ___ PWB - FWB
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE's
- ___ Stationary biking
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press, Nordic track
- ___ Balancing for joint stability
- ___ Patellar mobilization

PHASE 2: LIMITED RETURN TO SPORTS PHASE (4-6 WEEKS)

- ___ Progress endurance activities
- ___ Begin agility exercises
- ___ Begin running program
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with Quadriceps Isometrics, Isotonics, Eccentrics – full arc
- ___ Isokinetic test
- ___ Limited return to sports with brace. Brace: 10 deg – 140 deg

FULL RETURN TO SPORTS PHASE (APPROX 3 MONTHS POST INJURY)

- ___ Begin aggressive functional exercises, CONSIDER CUSTOM ACL BRACE
- ___ Progress running program
- ___ Continue / progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics

Physician's Signature: _____

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