

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine of USC

PATIENT STICKER

DATE OF INJURY: _____

DIAGNOSIS: (LEFT/RIGHT) ACL TEAR

APPROXIMATE DATE OF SURGERY: _____

ACL INSUFFICIENCY PREOPERATIVE PHYSICAL THERAPY PRESCRIPTION

GOALS:

1. RECOVERY / RECUPERATION FROM INITIAL INJURY
2. RESTORE NORMAL RANGE OF MOTION
3. MINIMIZE INFLAMMATION AND EFFUSION
4. IMPROVE PREOPERATIVE STRENGTH.

- ___ 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

**Please send progress notes.

Physician's Signature: _____

Frank Petrigliano, MD, Attending Orthopaedic Surgeon, USC