

# PHYSICAL THERAPY PRESCRIPTION

**Jeffrey Wong, MD**

SCOS Orthopedic Specialists  
18785 Brookhurst Street, Ste 100  
Fountain Valley, CA 92708  
(714) 500-5056 Phone  
(949) 900-2116 Fax

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: KNEE ACL TEAR

Right  Left  Bilateral

- 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

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 and 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

Other: \_\_\_\_\_

Treatment:  Eval and Treat or  1  2  3 times per week

Duration:  4  6 weeks

Home Program

\*\*Please send progress notes.

Physician's Signature: \_\_\_\_\_

NPI #: 1164790507