

# 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;  MEDIAL  LATERAL MENISCAL TEAR

Right  Left  Bilateral

SURGERY: KNEE \_\_\_\_\_

DATE OF SURGERY: \_\_\_\_\_

\*\*If concurrent meniscal repair was performed, patient will weightbear with brace locked in extension for 6 weeks, and must avoid knee flexion > 90° and cannot load bent knee during this time.

## PHASE I (0-6 WEEKS) – MOBILIZATION AND EARLY STRENGTHENING

### Goals

- Protect graft and fixation
- Control inflammation and swelling
- Return of normal quadriceps function
- Restore functional knee range of motion
  - Full symmetric hyperextension to contralateral side and > 90° flexion by 2 weeks
  - > 130° flexion by 6 weeks

### Rehab

- WBAT with brace locked in extension, wean from brace when quad control regained
- Immediate PROM/AAROM/AROM of knee in flexion and extension out of brace, including prone ROM to equalize heel heights
- Cryotherapy, anti-inflammatory modalities
- Patellar mobilization
- Quadriceps stretching / strengthening – SLR, quad isometrics, electrical stimulation
- Hamstring stretching / strengthening
  - gentle activities if autogenous hamstring reconstruction was performed
- Stationary bicycle, elliptical
- Aquatherapy at 2 weeks once wounds have healed

### Criteria for progression to Phase II

- Full symmetric hyperextension and minimum of 100° flexion
- Good quadriceps strength and ability to SLR without extension lag
- Normal gait on level surfaces

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## PHASE II (7-12 WEEKS) – CONTINUED STRENGTHENING

### Goals

- Continue to restore strength and motion
- Restore normal gait, patellar tracking, and proprioception
- Protect graft

### Rehab

- Continue ROM and strengthening exercises for quads, hamstrings, calves, hip rotators, including closed chain exercises (avoid  $> 90^\circ$  knee flexion) and single leg balance and proprioception
- Progress stationary biking time and resistance
- At 10-12 weeks, may begin to use elliptical and jog underwater

### Criteria for progression to Phase III

- No patellofemoral pain
- Minimum  $130^\circ$  flexion
- Sufficient strength and proprioception to initiate running on treadmill

## PHASE III (13-24 WEEKS) – FUNCTIONAL RECOVERY

### Goals

- Full symmetric ROM
- Improved strength, endurance, proprioception to prepare for return to sport
- Protect graft
- Strength  $\sim 70\%$  of uninvolved lower extremity

### Rehab

- Continue ROM and strengthening exercises
- Initiate light open chain leg extension ( $30-90^\circ$ ), avoiding terminal extension; progress to eccentrics as tolerated
- Fit for functional ACL brace
- At 12 weeks, start straight jogging and light running (forward and backward)
- At 16 weeks, may start functional recovery program
  - Agility drills
  - Zig-zags
  - Crossovers
  - Plyometrics
  - Light cutting and pivoting
  - Sport-specific drills

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## PHASE IV (WEEK 24 AND BEYOND) – RETURN TO SPORT

### Criteria for return to sport

- Quadriceps and hamstring strength at least 80% of the normal leg
- Full motion
- Good stability
- Completion of sport-specific rehab exercises

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

Duration:  4  6 weeks

Home Program

\*\*Please send progress notes.

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



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