

PHYSICAL THERAPY PRESCRIPTION

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DIAGNOSIS (LEFT / RIGHT) ACL RECON WITH BTB/HAMSTRING/ALLOGRAFT AND MEDIAL/LATERAL MENISCAL REPAIR
DATE OF SURGERY _____

PHYSICAL THERAPY PRESCRIPTION

0-2 Weeks—TDWB, crutches, Passive ROM 0-60 only, Straight leg raise, isometric quads, icing and edema control, ankle pumps

2 Weeks s/p Reconstruction

- Advance to full WB with brace locked in extension
- Progress AAROM and AROM 0 –90. Limit flexion to 90 for 4 weeks to protect meniscus. Passive terminal extension (40° - 0°)
- Quadriceps re-education E-stim / Biofeedback
- Isometrics at 90° / Straight Leg Raises with 1lb weight
- Patellar mobilization (gentle)
- Short crank bicycle ergometry
- Cryotherapy
- Goals - 90° flexion by end week 4, full weight bearing
110° flexion by end week 6

6 Weeks s/p Reconstruction—DC brace, allow full weight bearing.

- Open Brace then discontinue if quad control is good.
- 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, consider fitting for functional brace

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____
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