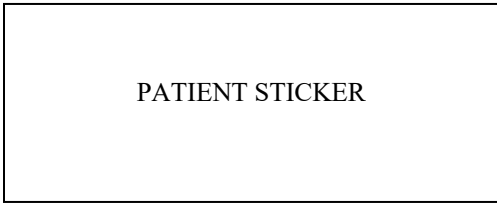


# PHYSICAL THERAPY PRESCRIPTION

**FRANK A. PETRIGLIANO, MD**

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY  
310.319.1234 APPT  
310.825.2126 OFFICE  
310.825.1311 FAX  
CA License: A90515



**DIAGNOSIS: ( LEFT / RIGHT ) ACL TEAR**

**DATE OF INJURY:** \_\_\_\_\_

**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, UCLA**