## PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS ( LEFT / RIGHT ) ACL/PCL/MCL/LCL	RECONSTRUCTION WITH ALLOGRAFT DATE OF SUR	GERY_
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<u>0-2 Weeks</u>—NWB, crutches, Passive ROM unlimited to 30 flexion, obtain full extension, Straight leg raise, isometric quads, icing and edema control, ankle pumps

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2-4 Weeks- As above, increase ROM to 60 degrees of flexion
4-6 Weeks – As above, increase ROM to 90 degrees of flexion
6 Weeks s/p ACL Reconstruction—ADVANCE TO WBAT IN BRACE
Progress ROM 0 –110. Limit flexion to 90 for 6 weeks. Passive terminal extension (40° - 0°)
Quadriceps re-education E-stim / Biofeedback
Leg press in 90° - 40° arc - start with eccentrics.
Hamstring and Hip progressive resistance exercises.
Isometrics at 90° / Straight Leg Raises
Patellar mobilization
Short crank bicycle ergometry
Cryotherapy
Open brace from 0-40° at 6 weeks if quad control is good. Goal is to discontinue brace at 6-8 weeks.
Goals - 90° flexion by end week 6, 110° flexion by end week 8
8 Weeks s/p ACL Reconstruction
Terminal ROM flex and extension, aggressive terminal extension, gentle terminal flexion.
Unlock Brace and advance to WBAT, DC brace at 8 weeks if quad control good.
Begin Quadriceps Isotonics with proximal pad in 90° - 40° arc
Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
Begin retro program
Nordic track
12 Weeks s/p ACL Reconstruction
Quadriceps Isotonics - full arc for closed chain. Open chain: 90° - 40° arc.
Begin functional exercise program
Isokinetic Quadriceps with distal pad
Begin running program at earliest 18 weeks
begin running program at earnest 10 weeks
24 Weeks s/p ACL Reconstruction
Full arc progressive resistance exercises - emphasize Quads
Agility drills
Advanced functional exercises
Progress running program - cutting
Functional testing (single leg hop, etc) to determine readiness for sport, fit for custom brace.
Treatment: times per week Duration: weeks
Physician's Signature:
Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, UCLA