## PHYSICAL THERAPY PRESCRIPTION

## JOEL WEBER, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE EVERGREEN HEALTH 360.794.3300 APPT 360.794.6610 FAX



PATIENT STICKER

DIAGNOSIS ( LEFT / R DATE OF SURGERY	RIGHT ) ACL RECON WITH QUAD/BTB/HAMSTRING/ALLOGRAFT AND MEDIAL/LATERAL MENISCAL REPAIR	
	PHYSICAL THERAPY PRESCRIPTION	
0-2 Weeks—WBAT, c	rutches, Passive ROM 0-60 only, Straight leg raise, isometric quads, icing and edema control, ankle pump	S
2 Weeks s/p Reconst	<u>ruction</u>	
Advance to full V	VB with brace locked in extension	
	1 and AROM 0 –90. Limit flexion to 90 for 4 weeks to protect meniscus. Passive terminal extension (40 $^\circ$ - 0	۱°)
Quadriceps re-ed	ducation E-stim / Biofeedback	
Isometrics at 90°	7 / Straight Leg Raises with 1lb weight	
Patellar mobiliza	tion (gentle)	
Short crank bicyc	cle ergometry	
Cryotherapy		
	on by end week 4, full weight bearing	
110° flexio	on by end week 6	
6 Weeks s/p Reconst	ruction—DC brace, allow full weight bearing.	
Open Brace then	discontinue if quad control is good.	
	ex and extension. No limitations	
Begin squat/step	program	
Quadriceps stren	ngthening	
Continue closed	chain Quadriceps strengthening in full arc (leg press, wall slides)	
Begin retro progr	ram	
12 Weeks s/p Recons	struction	
	onics - full arc for closed chain.	
Begin functional	exercise program	
	iceps with distal pad	
Begin running pr	ogram at 18 weeks	
24 Weeks s/p Recons	struction	
	ive resistance exercises - emphasize Quads	
Agility drills		
Advanced function	onal exercises	
	program – cutting, consider fitting for functional brace	
Treatment:	times per week Duration: weeks	
Physician's Signature	:	
Joel Weber, MD, Orth	hopaedic Surgeon	