

# PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS ( LEFT / RIGHT ) ACL/PCL/MCL/LCL RECONSTRUCTION WITH ALLOGRAFT--DATE OF SURGERY \_\_\_\_\_

### PHYSICAL THERAPY PRESCRIPTION

**0-4 Weeks**—TDWB, crutches, Passive ROM unlimited to 90 flexion, obtain full extension, Straight leg raise, isometric quads, icing and edema control, ankle pumps

#### **4 Weeks s/p ACL Reconstruction—ADVANCE TO WBAT IN BRACE**

- \_\_\_ Progress ROM 0 –90. Limit flexion to 90 for 4 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 4-6 weeks if quad control is good. Goal is to discontinue brace at 6-8 weeks.
- \_\_\_ Goals - 90° flexion by end week 2, 110° flexion by end week 6

#### **6 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

#### **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: \_\_\_\_\_

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