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## Physical Therapy Prescription ACL & MCL Injury

**Patient Name:**

**Date:**

**Dx: (LEFT/RIGHT) KNEE ACL & MCL INJURY**

\_\_\_ **NON-OP**

\_\_\_ **PRE-OP**

### Initial Phase

- \_\_\_ Restore ROM
- \_\_\_ Quadriceps Isometrics for first 2 weeks
- \_\_\_ PWB - FWB
- \_\_\_ Leg lifts with / without weights. Quad sets
- \_\_\_ Hamstring / Hip PRE's
- \_\_\_ Stationary biking
- \_\_\_ Balancing for joint stability
- \_\_\_ Patellar mobilization
- \_\_\_ Avoidance of all valgus loading – all exercises to be done in hinged brace
- \_\_\_ Partial arc CKC strength

### Second Phase

- \_\_\_ Progress endurance activities
- \_\_\_ Increase arc on CKC push and hip hinge exercises for LE as tolerated. Sagittal plane motion only
- \_\_\_ Begin Stairmaster and treadmill walking if needed
- \_\_\_ Avoid Valgus loads
- \_\_\_ Proprioception on stable surface only

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_ weeks

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**