Physical Therapy Prescription
ACL Insufficiency s/p Bone Grafting

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<th>Patient Name:</th>
<th>Date:</th>
<th>Surgery Date:</th>
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**Dx:** (LEFT/RIGHT) KNEE ACL INSUFFICIENCY

**RECOVERY / RECUPERATION 0 to 2 weeks**

- ___ Restore ROM
- ___ Quadriceps Isometrics for first week
- ___ PWB – FWB based on pain
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE’s
- ___ Stationary biking, elliptical
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press, dead lifts
- ___ Balancing for joint stability. Begin on stable surface, progress to unstable with perturbations
- ___ Patellar mobilization

**LIMITED RETURN TO SPORTS PHASE 2-6 weeks**

- ___ Progress endurance activities
- ___ Begin agility exercises
- ___ Begin running program when eccentric step down is symmetric
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with quadriceps and hamstrings– full arc
- ___ Isokinetic test

**FULL RETURN TO SPORTS PHASE 6 weeks and beyond**

- ___ Begin aggressive functional exercises, multi-planar movements okay
- ___ Progress running program to sprinting
- ___ Continue / progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics
- ___ Triple extension exercises for LE

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

**Please send progress notes.**

**Physician’s Signature:** ____________________________________________ M.D.