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## Physical Therapy Prescription Multi-ligament Injury

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

**Dx: s/p (LEFT / RIGHT) MULTILIGAMENT INJURY (ACL / PCL / MCL / LCL / PLC)**

**Pre-Op**

**Non-Op**

**Acute Phase**

- \* Brace on at all times when ambulating. May remove brace to do therapy and HEP.
- \* PROM and AROM. No restrictions of flexion angle.
- \* Anti-inflammatory modalities to knee daily. Cryotherapy as needed for pain control.
- \* Straight leg raises, quad sets, and short arc quads.
- \* Partial weight bearing up to 20lbs to operative leg with brace locked at zero degrees
- \* Electrical Stimulation to Quad if poor control
- \* **Brace on at all times through week 12**

**Sub-Acute Phase**

- \* Avoid all valgus load/stress for MCL-R, Avoid all varus load/stress for LCL-R
- \* Goal of Full ROM by week 6 post evaluation
- \* Quadriceps re-education (electrical stim, biofeedback).
- \* Hamstring and hip progressive resistance exercises.
- \* Patellar mobilization
- \* Begin stationary bike
- \* Weight bearing: WBAT with brace locked at zero degrees
- \* Goals: SLR with no extensor lag by week 6  
 Able to discontinue crutch use between weeks 6 and 8
- \* **Brace on at all time through week 6**

Begin to introduce CKC push and hip hinge movements for the LE based on pain and function

- LE Push movements – Squat, step up, leg press, Total Gym, etc.
- LE hip hinge movements – RDL, SL toe touch, GHD, Bridging, hip thrusters

Continue to maintain full ROM.  
 Continue to progress aerobic activity.

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

\*\*Please send progress notes.

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