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## Physical Therapy Prescription PCL + MCL Tear Rehab

Patient Name:	Date:
Dx: (LEFT/RIGHT) PCL + MCL TEAR	
NON-OP	PRE-OP
BRACE ON AT ALL TIMES	
Week 0-2  Ice / Massage / Anti-Inflammatory Modalities Range of Motion	
Week 2-6  Full active ROM Begin bilateral CKC strength, sagittal plane only. Focus on push movements. Only begin if full motion Progress SL proprioception to unstable surface Exercises in brace May begin pool therapy Core stability and endurance	
Weeks 6-12  Maintain full ROM Begin to introduce slow and controlled lateral motion in brace Progress core and hip strength Continue CKC strength. May begin to increase load at this time May begin single leg CKC strength push movements and hip hinge movements Jogging may begin in line once 6'' single leg step down is symmetric  *Transverse plane motion can begin after 8 weeks based on dynamic quad control	
Frequency & Duration: (circle one) 1-2 2-3 x/week for weeks	
**All motion protocols to be done in hinged brace; Avoid all valgus stress  **Please send progress notes.	
Physician's Signature:	M.D.