



PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS: (LEFT / RIGHT) ACL TEAR

DATE OF INJURY: _____

APPROXIMATE DATE OF SURGERY: _____

ACL INSUFFICIENCY PREOPERATIVE PHYSICAL THERAPY PRESCRIPTION

- GOALS:
- 1) RECOVERY / RECUPERATION FROM INITIAL INJURY
 - 2) RESTORE NORMAL RANGE OF MOTION
 - 3) MINIMIZE INFLAMMATION AND EFFUSION
 - 4) IMPROVE PREOPERATIVE STRENGTH.

- ___ Restore ROM
- ___ Quadriceps Isometrics. Quadricep Isotonics 90 deg – 30 deg arc
- ___ PWB --- FWB
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE's
- ___ Stationary biking
- ___ Closed Chain activities: BAPS, half squats, step---ups, leg press, Nordic track
- ___ Balancing for joint stability
- ___ Patellar mobilization

**Please send progress notes.

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC

