

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) ACL/PCL/MCL/LCL RECONSTRUCTION WITH ALLOGRAFT-----DATE OF SURGERY _____

PHYSICAL THERAPY PRESCRIPTION

0---4 Weeks—TDWB, crutches, Passive ROM unlimited to 90 flexion, obtain full extension, Straight leg raise, isometric quads, icing and edema control, ankle pumps

4 Weeks s/p ACL Reconstruction—ADVANCE TO WBAT IN BRACE

- Progress ROM 0 –90. Limit flexion to 90 for 4 weeks. Passive terminal extension (40° --- 0°)
- Quadriceps re---education E---stim / Biofeedback
- Leg press in 90° --- 40° arc --- start with eccentrics.
- Hamstring and Hip progressive resistance exercises.
- Isometrics at 90° / Straight Leg Raises
- Patellar mobilization
- Short crank bicycle ergometry
- Cryotherapy
- Open brace from 0---40° at 4---6 weeks if quad control is good. Goal is to discontinue brace at 6---8 weeks.
- Goals --- 90° flexion by end week 2, 110° flexion by end week 6

6 Weeks s/p ACL Reconstruction

- Terminal ROM flex and extension, aggressive terminal extension, gentle terminal flexion.
- Unlock Brace and advance to WBAT, DC brace at 8 weeks if quad control good.
- Begin Quadriceps Isotonics with proximal pad in 90° --- 40° arc
- Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
- Begin retro program
- Nordic track

12 Weeks s/p ACL Reconstruction

- Quadriceps Isotonics --- full arc for closed chain. Open chain: 90° --- 40° arc.
- Begin functional exercise program
- Isokinetic Quadriceps with distal pad
- Begin running program at earliest 18 weeks

24 Weeks s/p ACL Reconstruction

- Full arc progressive resistance exercises --- emphasize Quads
- Agility drills
- Advanced functional exercises
- Progress running program --- cutting
- Functional testing (single leg hop, etc) to determine readiness for sport, fit for custom brace.

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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

