

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

ACL RECONSTRUCTION WITH MENISCUS ROOT/RADIAL TEAR REPAIR PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: ACL Reconstruction with BTB Hamstring Quad Allograft
 Medial Lateral Meniscus Repair

Postop	Goals	Precautions	Exercises
Weeks 0-2 HEP daily	Full passive extension ROM 0-90° Patella mobility Edema and pain control SLR without lag Promote independence	TDWB Limit knee flexion 0-90° Brace locked at 0° for ambulation Brace locked at 0° for sleeping Avoid active knee extension 40→0°	Passive extension A/AA knee flexion Short crank ergometry Patella mobilization Quad re-education and SLR Hip/Core training
Weeks 2-6 HEP daily	Full passive extension ROM 0-125° Normalize patella mobility Edema and pain control Improve quad control Promote independence Normalize gait pattern Ascend 8" step with control	TDWB, progress to FWB at week 4 Limit knee flexion 0-90° until week 4 No weight bearing in >90° flexion Brace open 0-60 for ambulation Brace locked at 0° for sleeping Avoid active knee extension 40→0°	AAROM knee flexion/extension Emphasize full passive extension Standard ergometry (when ROM>115°) Patella mobilization Quad re-education Proprioceptive training Bilateral leg press 0-80° Hip/Core training
Weeks 6-14 HEP daily	Full ROM Descend 8" step with control Improve ADL endurance Protect patellofemoral	WBAT DC brace/crutches when adequate quad and non-antalgic gait Avoid painful activities Avoid reciprocal stairs until adequate quad control No running	Progress squat/leg press <90° flexion Initiate step-down program Quad isotonic 90-40° arc Advance proprioceptive training Elliptical Retrograde treadmill
Weeks 14-22 HEP daily	Symptom free running Improve strength/flexibility Hop Test >75% limb symmetry	WBAT Avoid painful activities	Initiate forward running program when 8" step-down satisfactory Advance agility program Plyometrics when adequate strength
Weeks 22+ HEP daily	No apprehension with sport specific movements Maximize strength and flexibility to meet sporting demands Hop Test >85% limb symmetry	WBAT Avoid painful activities No return to sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training

Frequency & Duration: 1-2 2-3 x/week for _____ weeks

Physician's Signature: _____ M.D.