

# PHYSICAL THERAPY PRESCRIPTION



**UC Irvine Health**

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PATIENT STICKER

## ACL RECONSTRUCTION PROTOCOL

**Surgical Date:** \_\_\_\_\_

**Side:**  Right  Left

**Diagnosis:** ACL Reconstruction with  BTB  Hamstring  Quad  Allograft

Postop	Goals	Precautions	Exercises
<b>Weeks 0-2</b> HEP daily	Full passive extension Minimum 90° knee flexion Patella mobility Edema and pain control SLR without lag Promote independence	PWB (50%) 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 Bilateral leg press 5-70° Hip/Core training
<b>Weeks 2-6</b> HEP daily	Full passive extension ROM 0-125° Normalize patella mobility Improve quad control Normalize gait pattern Ascend 8" step with control	WBAT Open brace 0-60°, ambulate with crutches until adequate quad DC crutches when non-antalgic gait Brace locked at 0° for sleeping until week 4 Avoid active knee extension 40→0° Avoid reciprocal stairs until adequate quad control	AAROM knee flexion/extension Emphasize full passive extension Standard ergometry (when ROM>115°) Patella mobilization Mini-squats Initiate step-up program Proprioceptive training Bilateral leg press 0-80° Hip/Core training
<b>Weeks 6-14</b> HEP daily	Full ROM Descend 8" step with control Improve ADL endurance Protect patellofemoral	WBAT DC brace when adequate quad Avoid painful activities No running	Progress squat/leg press Initiate step-down program Quad isotonic 90-40° arc Advance proprioceptive training Elliptical Retrograde treadmill
<b>Weeks 14-22</b> HEP daily	Symptom free running Maximize 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
<b>Weeks 22+</b> 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.**