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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – ACL reconstruction Allograft

Name: _____ **Date:** _____

Diagnosis: R / L Knee ACL reconstruction **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks ****Special Considerations:**

PHASE I (week 0-4): Protection, Decrease swelling, activate quadriceps muscle

Weightbearing: As tolerated with crutches. GOAL: to discontinue crutches by 2wks

Brace: Week 0-1: Locked in full extension for ambulation and sleeping

Week 1-4: Unlocked for ambulation and remove brace while sleeping

Range of Motion: Active assist to Active ROM as tolerated.

STRONG FOCUS on maintaining FULL EXTENSION EARLY! Consider extensionator knee brace

Therapy Exercises: Patellar mobilization, straight leg raises in locked brace until quad activation returns, Quad sets/Heel slides, Modalities per therapist, Estim, U/S, Heat (before)/Ice (after)

PHASE II (week 4-6):

Weightbearing: As tolerated unassisted, normalize gait

Brace: discontinue once full extension and no extensor lag

Range of Motion: maintain full extension, progress knee flexion

Therapy Exercises: PHASE I plus closed chain extension exercises, hamstring curls, toe raises, balance exercises, begin stationary bike

PHASE III (week 6-16):

Range of Motion: Full and Painless

Therapy Exercises: Advance closed chain strength and proprioception

8 weeks: stairmaster/Elliptical **12 weeks:** straight forward running permitted under PT supervision

PHASE IV (Month 4-6):

4 months: begin jumping

5 months: advance sprinting, backward running, cutting/pivoting/changing direction

PHASE V (Month 6+): Gradual return to sport

6-8 months: consider functional assessment. Limited return to sport.

10-12 months: Return to high risk sport with risk assessment discussion.

Physician Signature: _____

Date: _____

For more orthopedic information and rehab protocols visit www.DrSiwiec.com