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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – ACL Repair/Tibial Spine fixation

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: 50% Wbing with crutches week 1 progress to WBAT by week 2.

Brace: Week 0-2: Locked in full extension for ambulation and sleeping
Week 2-4: 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 may discontinue crutches by 4 wks, 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 4-6): Gradual return to sport

6-8 months: consider functional assessment. Limited return to sport cutting/pivoting sports

Physician Signature: _____ Date: _____

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