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Physical Therapy Prescription ACL Insufficiency

Patient Name: _____

Date: _____

Dx: (LEFT/RIGHT) KNEE ACL INSUFFICIENCY

_____ **NON-OP**

_____ **PRE-OP**

RECOVERY / RECUPERATION

- ___ Restore ROM
- ___ Quadriceps Isometrics if acute for first 2 weeks. If chronic ACL, focus CKC strength in arc that is tolerated
- ___ PWB – FWB based on pain
- ___ Leg lifts with / without weights if acute.
- ___ Hamstring / Hip PRE's
- ___ Stationary biking
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press
- ___ Balance exercises for joint stability
- ___ Patellar mobilization

LIMITED RETURN TO SPORTS PHASE

- ___ Progress endurance activities
- ___ Begin agility exercises in frontal and sagittal plane
- ___ Begin running program
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with Quadriceps and Hamstring strength – full arc in CKC
- ___ Isokinetic test

FULL RETURN TO SPORTS PHASE

- ___ Begin aggressive functional exercises
- ___ Progress running program, begin sprinting
- ___ Continue / progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics
- ___ Triple extension exercises for LE
- ___ Okay to begin pivoting

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**