



Travis G. Maak, M.D.
 590 Wakara Way
 Salt Lake City, UT 84108
 Tel: (801) 587-7109
 Fax: (801)587-7112
 Lic. # 8234797-1205

Physical Therapy Prescription ACL Insufficiency s/p Bone Grafting

Patient Name: _____

Date: _____

Surgery Date: _____

Dx: (LEFT/RIGHT) KNEE ACL INSUFFICIENCY

RECOVERY / RECUPERATION 0 to 2 weeks

- ___ Restore ROM
- ___ Quadriceps Isometrics for first week
- ___ PWB – FWB based on pain
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE's
- ___ Stationary biking, elliptical
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press, dead lifts
- ___ Balancing for joint stability. Begin on stable surface, progress to unstable with perturbations
- ___ Patellar mobilization

LIMITED RETURN TO SPORTS PHASE 2-6 weeks

- ___ Progress endurance activities
- ___ Begin agility exercises
- ___ Begin running program when eccentric step down is symmetric
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with quadriceps and hamstrings– full arc
- ___ Isokinetic test

FULL RETURN TO SPORTS PHASE 6 weeks and beyond

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

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

**Please send progress notes.

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