

UCLA OUTPATIENT REHABILITATION SERVICES	
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Place label here	
NAME OF PATIENT: _____	
MRN: _____	

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ACL INSUFFICIENCY NON-OPERATIVE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) ACL Insufficiency / Tear

- GOALS:**
- 1) RECOVERY / RECUPERATION FROM INITIAL INJURY
 - 2) RESTORE NORMAL RANGE OF MOTION
 - 3) MINIMIZE INFLAMMATION AND EFFUSION
 - 4) IMPROVE STRENGTH IN AN ATTEMPT TO RETURN TO NON-CUTTING SPORTS WITHOUT SURGERY

PHASE 1: RECOVERY / RECUPERATION (APPROX 4-6 WEEKS)

- ___ Restore ROM
- ___ Quadriceps Isometrics. Quadricep Isotonics 90° – 30° arc
- ___ PWB - FWB
- ___ Leg lifts with / without weights
- ___ Hamstring / Hip PRE's
- ___ Stationary biking
- ___ Closed Chain activities: BAPS, half squats, step-ups, leg press, Nordic track
- ___ Balancing for joint stability
- ___ Patellar mobilization

PHASE 2: LIMITED RETURN TO SPORTS PHASE (4-6 WEEKS)

- ___ Progress endurance activities
- ___ Begin agility exercises
- ___ Begin running program
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with Quadriceps Isometrics, Isotonics, Eccentrics – full arc
- ___ Isokinetic test
- ___ Limited return to sports with brace. Brace: 10° – 140°

PHASE 3: FULL RETURN TO SPORTS PHASE (APPROX 3 MONTHS POST INJURY)

- ___ Begin aggressive functional exercises, CONSIDER CUSTOM ACL BRACE
- ___ Progress running program
- ___ Continue / progress agility exercises
- ___ Stress activities that demand neuromuscular control over knee and lower extremities
- ___ Plyometrics

Treatment: _____ **times per week**

Duration: _____ **weeks**

**Please send progress notes.

Physician's Signature: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon