**Physical Therapy Prescription**

## ACL & MCL Injury

**Patient Name: Date:**

**DOB: Sex:**

**Dx: (LEFT/RIGHT) KNEE ACL & MCL INJURY**

**\_\_\_\_ NON-OP \_\_\_\_ PRE-OP**

**Initial Phase**

\_\_\_ Restore ROM. Premium on extension

\_\_\_ Quadriceps Isometrics for first 2 weeks

\_\_\_ PWB – FWB – Brace on at all times except to shower.

\_\_\_ Hamstring / Hip PRE’s - Isometrics

\_\_\_ Stationary biking

\_\_\_ Patellar mobilization

\_\_\_ Avoidance of all valgus loading – all exercises to be done in hinged brace

**Second Phase**

\_\_\_ Patient should have full motion prior to any significant strength exercises

\_\_\_ Increase arc on CKC push and hip hinge exercises for LE as tolerated. Sagittal plane motion only

\_\_\_ Begin Stairmaster and treadmill walking if patient has full motion and is pain free with weight bearing.

\_\_\_ Avoid Valgus loads. Brace on at all times.

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

\*\*Please send progress notes.

**Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.D.**