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### 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.**