



**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 Tear, Pre-Op

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Dx: (LEFT/RIGHT) KNEE ACL TEAR**

**PRE-OP**

**ACUTE PHASE**

- \_\_\_ Restore ROM, focus on extension. No heavy loads until near normal motion has been restored.
- \_\_\_ Quadriceps re-education – Quad set, SLR, SAQ. Okay to add weight if no lag. Russian E-Stim.
- \_\_\_ PWB – FWB based on pain
- \_\_\_ Gait training
- \_\_\_ Hamstring / Hip PRE's
- \_\_\_ Stationary biking, low resistance
- \_\_\_ Short Arc closed chain activities: ½ RDL's, half squats, step-ups, leg press
- \_\_\_ Balance exercises on stable surface. Multi-directional steps okay based on dynamic control.
- \_\_\_ Patellar mobilization
- \_\_\_ Compression wrap
- \_\_\_ Pool workouts/exercises and walking if available

**SUB-ACUTE PHASE**

- \_\_\_ Progress endurance activities
- \_\_\_ Begin to increase resistance on CKC exercises if tolerated
- \_\_\_ Begin with Stairmaster, Incline treadmill walking, hiking, etc.
- \_\_\_ Begin squat variations and hip hinge variations
- \_\_\_ Continue with in-line activities, no explosive movements, no cutting/transverse plane motion of knee

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

\*\*Please send progress notes.

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