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Physical Therapy Prescription ACL Insufficiency s/p Bone Grafting

Patient Name: _____

Date: _____

Surgery Date: _____

DOB: _____

Sex: _____

Dx: (LEFT/RIGHT) KNEE ACL INSUFFICIENCY

RECOVERY / RECUPERATION 0 to 2 weeks

- ___ Restore ROM. Premium on full extension
- ___ 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 to CKC strength once full motion achieved
- ___ Continue with Stairmaster, Versiclimber, etc.
- ___ Continue with quadriceps and hamstrings– full arc – Push and hip hinge variations

FULL RETURN TO SPORTS PHASE 6 weeks and beyond

- ___ Avoid transverse plane motion / No jumping sports
- ___ Progress to running program (in line only) once single leg step down from 6'' is symmetric

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

**Please send progress notes.

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