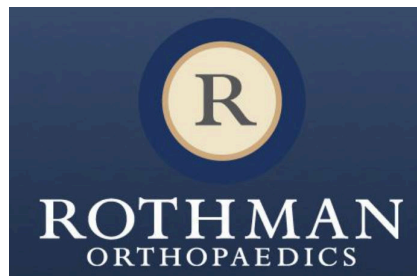


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ACL Reconstruction with Meniscal Repair Physical Therapy Protocol/Prescription

Patient Name: _____

Surgery: Right/Left ACL Reconstruction with BTB Autograft, Hamstring Autograft, Quadriceps Autograft, Allograft; MM Repair; LM Repair

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

WEEK 1-2 Ambulate TTWB in Bledsoe Brace locked @ 0° in Full Extension for first 4 weeks
 Crutches for at least 4 weeks
 Limit Range of Motion in weeks 1-2 from 0° to 70°
 Range of Motion Active / Active-Assisted / Passive
 Quadriceps and Hamstring stretching
 Quadriceps Strengthening V.M.O. Strengthening
 Full Arc 0-30° Arc
 Begin Straight Leg Raises (Knee at 0° in Full Extension)
 Electrical Stimulation for Quadriceps

WEEK 3-4 Range of Motion in weeks 3-4 increase 0° to 90°
 WBAT with brace locked in extension until week 6
 May Begin Exercise Bike, Closed Kinetic Chain Exercises

WEEK 5-6 Range of Motion in weeks 5-6 increase to Full ROM
 Wean out of Brace @ 6 weeks

Switch to standard ACL rehabilitation protocol after 6 weeks

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___X___ Teach HEP

Modalities

___X___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___X___ Heat before

___X___ Ice after ___ Trigger points massage ___X___ Therapist's discretion

Signature _____ Date _____