

Physical Therapy Prescription – ACL, PCL & Posterolateral Corner Reconstruction

Name: _____

Date: _____

Procedure: R / L _____

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Heal touch WB in brace
- **Hinged Knee Brace:**
 - **Weeks 0-2:** Locked in full extension for ambulation and sleeping (remove for PT)
 - **Weeks 2-6:** Unlock for ambulation. 0-90° for gait training/exercises. Remove for sleeping
- **Range of Motion:**
 - Weeks 0-2: 0-45°
 - Weeks 2-6: Advance slowly 0-90°
- **Therapeutic Exercises:** Quad sets, patellar mobs, gastroc/soleus stretch. SLR with brace in full extension until quad strength prevents extension lag. Side lying hip/core. Hamstring avoidance until 6 weeks post-op. Passive knee flexion.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12)

- **Weightbearing:** Advance 25% weekly until full by 8 weeks.
- **Hinged Knee Brace:** Discontinue completely at week 6 if good quad control
- **Range of Motion:** Full
- **Therapeutic Exercises:** Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 16)

- Advance closed chain strengthening. Progress proprioception activities. Begin stairmaster, elliptical and running straight ahead at 12 weeks.

Phase IV (Weeks 16 – 24)

- Begin jumping at 16 weeks; advance to sprinting, cutting, and pivoting at 20 weeks. Initiate plyometric program and sport specific drills.

Phase V (>6 months): Gradual return to athletic activity

- Gradual return to sports participation after completion of functional sports assessment
- Encourage maintenance program based off functional sports assessment
- Return to sport-specific activity and impact when cleared by MD at 6+ months postop

Signature: _____

Date: _____