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### ACL Reconstruction Physical Therapy Prescription

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

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

Diagnosis: Right/Left ACL Reconstruction with Patellar Allograft/Autograft, Hamstring Autograft/Allograft

Date of Surgery: \_\_\_\_\_

Evaluate and Treat – no open chain or isokinetic exercises

Provide patient with home exercise program

Weeks 1-6 – Period of protection

◆Weight bearing as tolerated without assist by post-op day 10. Patients in hinged knee braces should be locked in extension when sleeping and ambulating until week 6. Patients in knee immobilizers may discontinue the immobilizer after 10-14 days.

◆ROM – progress through passive, active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up to 10#) recommended. Stationary bike with no resistance for knee flexion (alter set height as ROM increases).

(Goal – Full extension by 2 weeks, 120 degrees of flexion by 6 weeks. )

◆Patellar mobilization, 5-10 minutes daily.

◆Strengthening – quad sets, SLRs with knee locked in extension. Begin closed chain work (0-45 degrees) when full weight bearing. No restrictions to ankle/hip strengthening.

Weeks 6-12

◆Transition to custom ACL brace if ordered by the physician.

◆ROM – Continue with daily ROM exercises

(Goal – increase ROM as tolerated)

◆Strengthening – Increase closed chain activities to 0-90 degrees. Add pulley weights, theraband, etc. Monitor for anterior knee pain symptoms. Add core strengthening exercises.

◆Add side lunges, and/or slideboard. Add running around 8 weeks when cleared by physician.

◆Continue stationary bike and biking outdoors for ROM, strengthening, and cardio.

Weeks 12-18

◆Advance strengthening as tolerated, continue closed chain exercises. Increase resistance on equipment.

◆Initiate agility training (figure 8s, cutting drills, quick start/stop, etc.). Some patients may be cleared by MD earlier.

◆Begin plyometrics and increase as tolerated.

◆Begin to wean patient from formal supervised therapy encouraging independence with home exercise program.

Modalities

Electric Stimulation

Ultrasound

Frequency:   3   x/ week x   6   weeks

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