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ACL/MCL Reconstruction Prescription

Patient Name: _____

Date: _____

Diagnosis: Right/Left ACL/MCL Reconstruction with _____

Date of Surgery: _____

- _ Evaluate and Treat – no open chain or isokinetic exercises
- _ Provide patient with home exercise program

_ Weeks 1-6 – Period of protection

- ◆ Non Weight bearing until week 6.
- ◆ 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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