ORTHOPAEDIC SPECIALISTS
OF MASSACHUSETTS

Physical Therapy Prescription – ACL Reconstruction (BTB Autograft)

Patient: _____ **Date of Birth:** _____

Diagnosis: _____ **Date of Surgery:** _____

Diagnosis / Procedure

- ☐ Status post ACL reconstruction with BTB autograft
- ☐ Knee pain
- ☐ Quadriceps weakness
- ☐ Postoperative stiffness
- ☐ Gait abnormality

Physical Therapy Orders

Evaluate and treat **2–3×/week** for postoperative ACL rehabilitation.

- Weight-bearing as tolerated.
- Brace during ambulation only until patient can perform 50 straight leg raises without stopping, demonstrating adequate quadriceps control.
- Emphasize restoration of full extension first, followed by gradual restoration of full flexion.
- Patellar mobilization and edema control.
- Heel props, prone hangs, passive stretching as indicated.
- Early quadriceps activation exercises.
- Progress: Passive ROM → Active ROM → Strengthening.
- Closed-chain strengthening program.
- Core, hip, balance, and proprioception training.
- Gradual progression to jogging / agility / sport-specific activity per protocol.
- Avoid aggressive open-chain resisted knee extension early postoperatively.

Treatment Goals

- ✓ Full passive extension
- ✓ Full flexion
- ✓ Normal gait mechanics
- ✓ Improved quadriceps strength and control
- ✓ Return to functional activity and sport as appropriate

Therapist Comments

_____

_____

Physician Printed Name: _____

Physician Signature: _____ **Date:** _____

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As always, thank you for your help in the care of this patient.