

Referral for Rehabilitation Services

Patient Name		Date of Surgery
/ Week		kWeeks
ACL Reconstructio	n: Hams	tring and Bone-Patella Bone Autografts
Weeks 7-12	Ве	gin:
Goals:	1. 2. 3.	Full ROM Swelling < 1-2 cm at midpatella Prevent patella femoral pain with exercises
Test:	1.	KT 1000 and isokinetic test at week 12
Exercises:	1. 2. 3.	5
Return to Activity Treadmill walking	week 9week 10week 12week 12week 16month 5month 6	lly necessary for the patient's plan of care.
Thereby certify these service	.s as meuicai	ny necessary for the patient's plan of care.
Physician's Signature		Date