EMORY HEALTHCARE
EMORY SPORTS MEDICINE CENTER

Referral for Rehabilitation Services

Patient Name_____ Date of Surgery_____

_____/ Week _____Weeks

ACL Reconstruction: Hamstring and Bone-Patella Bone Autografts

Weeks 1-3 **Begin:_____**

DO NOT PUSH FLEXION PAST 90 DEGREES FOR THE FIRST SIX WEEKS!

Goals:

1. 90 degrees flexion ROM, full extension
2. Independent quad contraction
3. Gait without crutches by end of week 2

Exercises:

1. Continue with post-op program, add weight to SLR if no extension lag
2. Add bike for ROM, strength, and cardio benefit; pedal as tolerated
3. 4-way hip machine, initiate closed kinetic chain CKC to include toe and heel raises, dynamic terminal extension, mini-squats
4. Gait training with mini-hurdles to restore normal gait kinematics

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature Date