



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

MCL / LCL / PLC TEAR (NON-OP) – 2-WEEKS POST-INJURY

NON-OP PHYSICAL THERAPY PROTOCOL

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Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date:** _____

☒ **Evaluate and Treat** ☒ **Provide patient with home program**

Frequency: 2-3 x/week x 4 weeks

Modalities:

☒ Phonophoresis with 0.05% Fluocinonide

☒ Iontophoresis with 4mg/ml Dexamethasone



 X Ultrasound

 X Electrical Stimulation

Exercises:

 X ACL Exercise Program (*with brace on, see restrictions*)

Weightbearing:

 X Touchdown

Special Instructions:

Gradual increase in weight-bearing (always with brace on), 25% WB increase/week x 4 weeks
Gradually progress ROM to full (all stretching with brace on)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would X would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD