



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ACL TEAR 'PREHAB'

PRE-SURGICAL 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 Back Stabilization Program

 X PatelloFemoral Exercise

 X Hip Exercise Program

Special Instructions:

ACL Prehab – work on stretching, ROM, Quad/HS activation and strengthening in preparation for ACL reconstruction surgery

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