



JONAS R. RUDZKI, MD

SPORTS MEDICINE ORTHOPAEDIC SURGEON,
SPECIALIZING IN SHOULDER & KNEE SURGERY

WWW.JRRUDZKIMD.COM

K STREET/DOWNTOWN

Phone: 202-833-1147

Fax: 202-296-2515

2021 K St NW, Suite 516

Washington, DC 20006

CHEVY CHASE

Phone: 301-657-1996

Fax: 301-951-6160

5454 Wisconsin Ave

Suite 1000

Chevy Chase, MD 20815

SIBLEY

Phone: 202-787-5601

Fax: 202-787-5606

5215 Loughboro Rd NW

Suite 200

Washington, DC 20016

www.wosm.com

ACL +/- MCL ACUTE PHASE REHABILITATION PROTOCOL

Visits: 1-2x per Week for 3-6 Weeks

GOALS: Restore Range-of-Motion (emphasize restoration of terminal extension)
Control Edema
Normalize Gait Restore Quadriceps Strength
Hamstring Flexibility Gastroc-Soleus Flexibility & Calf Pumps for DVT risk control

MODALITIES:

Cryotherapy as indicated Moist heat as indicated
Electrical Stimulation as indicated (only early phases for Quad recruitment)
US used only if not responding to EGS Phonophoresis, iontophoresis as indicated

INSTRUCTIONS: Closed-chain Quadriceps exercises Isometric Quadriceps exercises
VMO Strengthening IT Band Stretching & flexibility
Patellar Mobilizations Lateral Retinulum Stretches
Quad/Hamstring Stretching & flexibility Gastroc-soleus

PRECAUTIONS: No active leg extensions or squats

ESTABLISH DAILY HOME PROGRAM WITH CORE EMPHASIS:

- Terminal extension & ROM restoration
- Closed-chain isometric quad strengthening
- Cryotherapy/ice 4-6x / day for 30 minutes
- Hamstring & ITB flexibility

This protocol provides you with general guidelines for the acute phase rehab of the ACL +/- MCL patient. Specific changes in the program will be made as appropriate for the individual patient. If you have any questions regarding the progress of the patient, please contact our office.

Signature: _____

