

ACL Reconstruction Surgery

-Patient Postoperative Rehabilitation Checklist-

Clip this checklist to the patient chart and upon completion, insert in file.

Patient's Name: _____

Medical Record Number: _____

Date of Birth: ____/____/____

(Apply patient sticker over header if available)

Date of Surgery: ____/____/____

Post-operative anterior cruciate rehabilitation protocol:

- Early range of motion
- Early weight bearing
- Closed chain quad/hamstring work until six weeks postop
- Open chain quad/hamstring work after six weeks postop
- Optional: Rehabilitative bracing postoperatively**
- Optional: E-Stim (Neuromuscular Stimulation) for muscle strengthening**

Clinician Signature: _____

Date/Time: _____