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**POSTERIOR CRUCIATE LIGAMENT INSUFFICIENCY**  
**PHYSICAL THERAPY PRESCRIPTION:**

**Patient Name:**

**Date:**

- \* Hip Strengthening
- \* Closed Chain Strengthening
  - \* Leg Press
  - \* Squats 0-90°
  - \* Step ups Step downs
  - \* Treadmill (retro walking)
  - \* Stair Climber
- \* No Open Chain Knee Flexion
- \* Emphasis on Quadriceps Strengthening
- \* Careful Monitoring of Patella-Femoral Symptoms
- \* If Open Chain Extension 0-70°
- \* Modalities Needed

COMMENTS: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_