

ACL reconstruction rehab - patient relocating



Assume that today's date is 21 October 2026. Ms Mellor has just had her final session with you and moves to Brisbane on 1 November 2026. You are a physiotherapist at an outpatient sports physiotherapy clinic in Melbourne. Using the information in the case notes, write a letter to Ms Morag Sinclair, a sports physiotherapist in Brisbane, referring Ms Mellor for continuation of her staged rehabilitation. Address the letter to Ms Morag Sinclair, Sports Physiotherapist, Sports and Exercise Physiotherapy, Level 1, 88 River Road, Toowong QLD 4066. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Name: Ms Natalie Mellor | ☐ | ☐ | ☐ |
| 2. DOB: 03/08/1992 (34 yrs) | ☐ | ☐ | ☐ |
| 3. Address until 31/10/26: 12 Elm Street, Brunswick VIC | ☐ | ☐ | ☐ |
| 4. New address from 01/11/26: Unit 5, 30 Park Road, Milton QLD | ☐ | ☐ | ☐ |
| 5. First physio appt 22/07/26; 22 sessions attended | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 6. Accountant; transferring to Brisbane office, starts 03/11/26 | ☐ | ☐ | ☐ |
| 7. Netball (goal defence), state league; in season trains 3×/wk + weekly match | ☐ | ☐ | ☐ |
| 8. Goal: return to competitive netball for 2027 season (starts March 2027) | ☐ | ☐ | ☐ |
| 9. Lives with partner; partner staying in Melbourne until Dec | ☐ | ☐ | ☐ |
| 10. Mother (attends some sessions) says pt 'too impatient, will wreck knee again' | ☐ | ☐ | ☐ |
| 11. Enjoys gardening and reading | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 12. Mild asthma — salbutamol PRN; well controlled | ☐ | ☐ | ☐ |
| 13. L ankle sprain 2019 — fully recovered | ☐ | ☐ | ☐ |
| 14. Allergies: nil known | ☐ | ☐ | ☐ |
| 15. R knee injury 12/05/26: non-contact, pivoting on landing during netball match | ☐ | ☐ | ☐ |
| 16. MRI: complete R ACL rupture; small lateral meniscus tear | ☐ | ☐ | ☐ |

Surgery

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|--|--------------------------|--------------------------|--------------------------|
| 17. 15/07/26 R ACL reconstruction — hamstring (semitendinosus-gracilis) autograft + partial lateral meniscectomy | ☐ | ☐ | ☐ |
| 18. Orthopaedic surgeon reviews 6/52 & 12/52: no restrictions; progress per protocol | ☐ | ☐ | ☐ |
| 19. Pt complained to reception about clinic car parking fees | ☐ | ☐ | ☐ |

Assessment 21/10/26 (14/52 post-op)

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| 20. No effusion (stroke test 0); pain 0–1/10 after exercise | ☐ | ☐ | ☐ |
| 21. R knee ROM: full extension; flexion 135° (L 145°) | ☐ | ☐ | ☐ |
| 22. Quadriceps strength (handheld dynamometry): R = 72% of L | ☐ | ☐ | ☐ |
| 23. Hamstring strength (handheld dynamometry): R = 78% of L | ☐ | ☐ | ☐ |
| 24. Single-leg squat: mild dynamic knee valgus R | ☐ | ☐ | ☐ |
| 25. Straight-line jogging since 12/52: 2 × 10 min, symptom-free | ☐ | ☐ | ☐ |

Current programme

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| 26. Gym 3×/wk: progressive quads & hamstring strengthening (leg press, split squats, bridges) | ☐ | ☐ | ☐ |
| 27. Balance/proprioception; double-leg jump and landing drills | ☐ | ☐ | ☐ |
| 28. Adherence good; home programme 2×/wk | ☐ | ☐ | ☐ |

Return-to-sport criteria (discussed with pt)

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| 29. Not before 9/12 post-op (i.e. not before mid-April 2027) | ☐ | ☐ | ☐ |
| 30. Quads & hamstring strength ≥ 90% of uninjured side; hop test battery ≥ 90% | ☐ | ☐ | ☐ |
| 31. Also: good landing/change-of-direction mechanics, full team training symptom-free, psychological readiness (ACL-RSI questionnaire) | ☐ | ☐ | ☐ |
| 32. Pt understands she will miss the March season start; disappointed but accepting | ☐ | ☐ | ☐ |

Plan

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| 33. Refer to sports physio in Brisbane to continue staged rehab from early Nov | ☐ | ☐ | ☐ |
| 34. Next stage: progress strength & running volume; introduce single-leg plyometrics, then agility/change of direction when criteria met; address valgus control | ☐ | ☐ | ☐ |
| 35. Hop testing & ACL-RSI when strength improves; ongoing injury prevention programme after return to netball | ☐ | ☐ | ☐ |
| 36. Copies of op report and strength test results enclosed | ☐ | ☐ | ☐ |