



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

PEDIATRIC ACL PROTOCOL

Patient's Name:

Date:

Diagnosis: ACL Injury

PT: PT with Acute Phase Protocol for Left/Right knee injury

MRI: MRI at Progressive Radiology of Left/Right knee; Evaluate ACL injury

Phone 202-966-0606

Bone Age: Hand/Wrist X-Ray to determine bone age.

Washington Radiology Associates Phone: 703-280-9800

Signature: _____

