



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH HAMSTRING AUTOGRAFT

PHYSICAL THERAPY PROTOCOL

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Patient Name:

<u>Date:</u>_____

<u>Procedure</u>: Right/Left ACL Reconstruction with Patellar Allograft

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair

___ Evaluate and Treat – no open chain or isokinetic exercises

___ Provide patient with home exercise program

Frequency: _____x/week x ____weeks



	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-4 weeks	As tolerated with crutches*	 0-1 week: Locked in full extension for ambulation and sleeping 1-4 weeks: Unlocked for ambulation, remove for sleeping** 	As tolerated	Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag
PHASE II 4-12 weeks	Full, progressing to normal gait pattern	Discontinue at day 28 if patient has no extension lag		Progress Phase I Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core, pool
PHASE III 12-16 weeks	Full, without use of crutches and with a normalized gait pattern	None	Gain full and pain-free	Advance closed chain strengthening, progress proprioception activities Begin stairmaster, elliptical and running straight ahead
PHASE IV 16-24 weeks	Full	None	Full and pain- free	 16 wks: Begin jumping 20 wks: Advance running to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills 22 wks: Advance as tolerated FSA completed at 22 wks***
PHASE V > 6 months	Full	None	Full and pain- free	Gradual return to sports participation after completion of FSA Maintenance program based on FSA

*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure **Brace may be removed for sleeping after first post-operative visit (day 7-10)

***Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at approx 22 wks post-op for competitive athletes returning to play after rehab



***Note: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:

-WBAT with brace limited to 0-90 degrees x 4 weeks

-Limit ROM 0-90 degrees x 4 weeks

-No tibial rotation x 4 weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient _____ would ____would not benefit from social services.

Date:_____

Bryan M. Saltzman, MD