



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH HAMSTRING AUTOGRAFT

## PHYSICAL THERAPY PROTOCOL

## Bryan M. Saltzman, M.D.

Indiana University Health Physicians Assistant Professor of Orthopaedic Surgery, Indiana University Sports Medicine, Cartilage Restoration, Shoulder/Elbow IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202 IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280 317-944-9400 www.bryansaltzmanmd.com

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