



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## **BONE TUNNEL GRAFTING (AFTER ACL RE-TEAR)**

## PHYSICAL THERAPY PROTOCOL

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Patient Name:	Date of Surgery:
Accessory Procedure (circled if applicable):  Lysis of Adhesions (LOA) with Ma	anipulation Under Anesthesia (MUA)
Evaluate and Treat – no open chai	
Frequency:x/week x	weeks



Phase I (Weeks 1-2)\*\*\*: Initial recovery.

- ♦ Weight bearing as tolerated without assist by 48 hours post-op.
- ♦ ROM: Progress through passive, active and active-assisted ROM as tolerated
  - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks
- ♦Patellar mobilization daily
- ♦ Strengthening: quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

\*\*\*If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.

**Phase II (Weeks 2-6)**\*\*\*: *Advance ROM and strengthening.* 

- ♦ROM: Continue with daily ROM exercises
  - Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated
- ♦Strengthening: Begin and advance closed chain strengthening to full motion arc.
  - Add pulley weights, theraband, and other modalities as per PT discretion.
  - Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
  - Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
  - Monitor for anterior knee symptoms, modulating exercises as necessary.

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Other: Modalities Heat before/after	Electrical Stimulation Ice before/after exercise	Ultrasound



\_\_ May participate in aquatherapy after week three, begin aqua-running week 6

• • •	have examined this patient and physical therapy is ouldwould not benefit from social services.
	Date:
Bryan M. Saltzman, MD	