



# ANTERIOR CRUCIATE LIGAMENT (ACL), POSTERIOR CRUCIATE LIGAMENT (PCL) AND POSTEROLATERAL CORNER (PLC) RECONSTRUCTION

## PHYSICAL THERAPY PROTOCOL

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**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ Evaluate and Treat

\_\_\_ Provide patient with home program

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-6 weeks	Heel touch WB in brace *	<b>0-2 weeks:</b> Locked in full extension for ambulation and sleeping  <b>2-6 weeks:</b> Unlocked for ambulation 0-90, remove for sleeping**	<b>0-2 weeks:</b> 0- 45  <b>2-6 weeks:</b> Advance slowly 0-90	Quad sets, patellar mobs, gastroc/soleus stretch  SLR w/ brace in full extension until quad strength prevents extension lag  Side-lying hip/core  Hamstrings avoidance until 6 wks post-op
<b>PHASE</b>	Advance 25%	Discontinue at 6	Full	Begin toe raises, closed chain quads,



<b>II</b> 6-12 weeks	weekly until full WB by 8 wks	wks if no extension lag		balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
<b>PHASE III</b> 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical and running straight ahead at 12 weeks
<b>PHASE IV</b> 16-24 weeks	Full	None	Full	<b>16 wks:</b> Begin jumping <b>20 wks:</b> Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
<b>PHASE V</b> > 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 22-24 wks post-op for competitive athletes returning to play after rehab

**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**