





ANTERIOR CRUCIATE LIGAMENT (ACL) AND POSTERIOR CRUCIATE LIGAMENT (PCL) RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

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<u>Patient Name</u> :		<u>Date of Surg</u>	<u>ery</u> :
Evaluate and Treat		Provide patient	with home program
Frequency:	x/week	weeks	

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-4 weeks	Full in Brace *	 0-1 week: Locked in full extension for ambulation and sleeping 1-4 weeks: Unlocked for ambulation, remove for sleeping** 	As tolerated	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
PHASE II	Full	Discontinue at day 28 if patient has no extension lag	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side





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4-12 weeks				planks; advance hip/core
PHASE				Advance closed chain strengthening
III	Full	None	Full	Progress proprioception activities
12-16 weeks				Begin stairmaster, elliptical and running straight ahead at 12 weeks
PHASE IV				16 wks: Begin jumping
16-24 weeks	Full	None	Full	20 wks : Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sportspecific drills
PHASE V	Full	None	Full and pain- free	Gradual return to sports participation after completion of FSA***
> 6 months			рант- пес	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)

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

^{***}Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 wks post-op for competitive athletes returning to play after rehab