





ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH BONE-PATELLAR TENDON-BONE ALLOGRAFT

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____

Date:_____

<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	As tolerated with crutches*	0-1 week : Locked in full extension for		Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch





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0-4 weeks		ambulation and sleeping		SLR w/ brace in full extension until quad strength prevents extension lag
		1-4 weeks : Unlocked for ambulation, remove for sleeping**		Side lying hip/core
PHASE II 4-12 weeks	Full, progressing to normal gait pattern	Discontinue at day 28 if patient has no extension lag		Progress to weight bearing gastroc/soleus stretch Begin toe raises, closed chain extension, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks
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 at 12 weeks, hip/core, pool
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