





ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH HAMSTRING AUTOGRAFT

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ Date: ____

			
Procedure: Right/	Left ACL Reco	nstruct	ion with Patellar Allograft
Associated Proced	ure (circled if ap	plicabl	e): 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
	As tolerated with	0-1 week : Locked in full extension for		Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch
0-4		ambulation and		SLR w/ brace in full extension until





weeks		1-4 weeks: Unlocked for ambulation, remove for sleeping**		quad strength prevents extension lag
PHASE II 4-12 weeks	Full, progressing to normal gait pattern	day 28 if patient has no extension		Progress Phase I Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core, pool
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
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 sportspecific 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)

***Note: if a meniscal repair was done simultaneously, please amend the above with 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

^{***}Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at approx 22 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 wo	ouldwould not benefit from social services.
·	Date:
Bryan M. Saltzman, MD	