

ACL Reconstruction Hamstring Autograft / Allograft David E. Hartigan, M.D.

 Transition to custom ACL brace if ordered by physician. ROM: continue with daily ROM exercises (goal: increase ROM as tolerated) Strengthening: increase closed-chain activities to 0-90 degrees. Add pulley weights, theraband, etc Monitor for anterior knee pain symptoms. Add core strengthening exercises. Add side lunges and/or slideboard. Continue stationary bike and biking outdoors for ROM, strengthening, cardio. Phase III (3-18 months): Begin more sport-focused conditioning. Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment. Initiate agility training (figure 9s, cutting drills, quick start/stop, etc.). Some patients may be cleared by MD earlier. Begin plyometrics and increase as tolerated. Begin to wean patient from formal supervised therapy encouraging independence with home exercise program. Other: Modalities May participate in aquatherapy after Ultrasound Heat before/after week three, begin aqua-running week 6 Ice before/after exercise Electrical Stimulation requency:x/week xweeks By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. 	Patient Name		Date
Provide patient with home exercise program Phase I (0-6 wks): Period of protection *** • Weight bearing as tolerated without assist by post-op day 10. Patients in hinged knee braces should be locked in extension while ambulating for the first 2 weeks after surgery; the brace can then be gradually weaned and discontinued for daytime activity once SLRs can be done with nola gand ambulation is without a limp. Regardless of daytime use, patients should wear their braces locked in extension during sleep for the first 6 weeks after surgery. • ROM: progress through passive, active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up 10 lbs) recommended. Stationary bike with no resistance for knee flexion (later set height as ROM increases). Goal: full extensio by 2 weeks, 120 degrees of flexion by 6 weeks). • Patellar mobilization, 5-10 minutes vality. • Strengthening; quad sets, SLRs with knee locked in extension. Begin closed-chain work (0-45 degrees) when full weight-bearing. No restrictions to ankle/hip strengthening. ***Note: if ameniscal 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 s at oncrease closed-chain activities to 0-90 degrees. Add pulley weights, theraband, etc Monitor for anterior knee pain symptoms. Add core strengthening exercises.<			
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 Phase II (6-12 wks): Advance strengthening. Transition to custom ACL brace if ordered by physician. ROM: continue with daily ROM exercises (goal: increase ROM as tolerated) Strengthening: increase closed-chain activities to 0-90 degrees. Add pulley weights, theraband, etc Monitor for anterior knee pain symptoms. Add core strengthening exercises. Add side lunges and/or slideboard. Continue stationary bike and biking outdoors for ROM, strengthening, cardio. Phase III (3-18 months): Begin more sport-focused conditioning. Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment. Initiate agility training (figure 9s, cutting drills, quick start/stop, etc.). Some patients may be cleared by MD earlier. Begin to wean patient from formal supervised therapy encouraging independence with home exercise program. Other:	 Evaluate and Treat – no open chain Provide patient with home exerci Phase I (0-6 wks): Period of pro Weight bearing as tolerated wi while ambulating for the first 2 w activity once SLRs can be done their braces locked in extensi ROM: progress through passive 10 lbs) recommended. Stationar by 2 weeks, 120 degrees of fi Patellar mobilization, 5-10 Strengthening: quad sets, SLR 	or isokinetic exercises ise program tection*** ithout assist by post-op day 10. Patients in hinged with no lag and ambulation is without a limp. Regard on <i>during sleep</i> for the first 6 weeks after surged active and resisted ROM as tolerated. Extension bo y bike with no resistance for knee flexion (alter set he lexion by 6 weeks). minutes daily. s with knee locked in extension. Begin closed-chain	d knee braces should be locked in extension ly weaned and discontinued for daytime dless of daytime use, patients should wear ery. bard and prone hang with ankle weights (up to eight as ROM increases). Goal: full extension
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Physician Signature Date	By signing this referral, I certify that I h	week xweeks ave examined this patient and physical therapy	is medically necessary.
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