

ACL Reconstruction BTB Autograft / Allograft

David E. Hartigan, M.D.

Patient Name	Date
--------------	------

Procedure: Right Left ACL Reconstruction with Patellar Autograft Allograft

- Evaluate and Treat – no open chain or isokinetic exercises
- 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, who have had their own patellar tendon or hamstring used, should be locked in extension while sleeping or ambulating until week 6. Patients who have had an allograft used may discontinue the immobilizer after 10-14 days.
- **ROM:** progress through passive, active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up to 10 lbs) recommended. Stationary bike with no resistance for knee flexion (alter set height as ROM increases). Goal: full extension by 2 weeks, 120 degrees of flexion by 6 weeks).
- **Patellar mobilization,** 5-10 minutes daily.
- **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 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**

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. Add running around 8 weeks when cleared by physician.
- 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:

- | | |
|---|--|
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Heat before/after | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> May participate in aquatherapy after week three, begin aqua-running week 6 | <input type="checkbox"/> Ice before/after exercise |

Frequency: _____ x/week x _____ 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.