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MIDWEST
ORTHOPAEDICS
AT RUSH

Physical Therapy Protocol: ACL Reconstruction with BTB Autograft or Allograft

Weeks 1-6 ACL reconstruction (Protection)

Physician Goals: protect graft, reduce pain/swelling, motion

Exercises: Heel slides, patellar mobilization, quad/hamstring sets, gastric-soleus stretch, straight leg raise with knee in full extension with brace until quad strength prevents extension lag, no open chain or isokinetic exercises, ROM - progress through passive, active, and resisted ROM
Increase brace ROM to be 10 degrees short of terminal flexion, once able to perform SLR without lag.

Comments: WBAT with crutches for support as needed, d/c crutches when able, brace locked full extension when ambulating until patient performing a straight leg raise with no lag outside of the brace, brace locked in extension while sleeping for 6 weeks, ROM as tolerated

Total Visits: 18

Weeks 6-12 s/p ACL reconstruction (Motion)

Physician Goals: full ROM, progress strengthening, increase activity

Exercises: d/c brace once pt able to perform SLR without lag, advance to full ROM, advance closed chain strengthening, progress proprioception activities, pt should be ready to do stair master/nordic track and running straight ahead at 12 weeks

Comments: contact if not on track to d/c brace by 8 weeks post op

Total Visits: 18

Weeks 12+ s/p ACL reconstruction (Strength, Function and Sports)

Physician Goals: Progress activity/strength

Exercises: No brace, full ROM, initiate return to running program, progress flexibility/strengthening, progression of function: forward/ backward running, cutting, grapevine, etc., initiate plyometric program and sport-specific drills

Comments: No cutting/pivoting until 6 months PO AND quad girth is equal to contralateral side