



## Anterior Cruciate Ligament Reconstruction Protocol Dr. Murphy

\*Meniscal Repairs and Chondral Drilling will delay the initiation of phase I & II

Time Frame	Treatment	Goals
Post-Op Day	<ul> <li>Dressing Change</li> <li>Instruction in Signs and Symptoms of Infection</li> <li>Check for DVT</li> <li>Issue HEP for quad sets, SLR, hip adduction, hip abduction, patellar mobilizations, hip extension, heel slides and cryotherapy</li> <li>ROM is not limited, progress pain free</li> </ul>	<ul> <li>Independent in HEP</li> <li>Fair Quad Set</li> <li>Independent with SLR</li> <li>Understands WB and importance of knee immobilizer until good quad function</li> </ul>
Phase I 0-4 weeks	<ul> <li>Frequency = 3x/week</li> <li>WBAT, ROM as tolerated</li> <li>Progress unilateral stance</li> <li>Progress ambulation to normalize gait</li> <li>May begin jogging and light side to side plyometrics at 3 weeks post-op for autologous or allograft BTB grafts</li> </ul>	<ul> <li>Good Quad Set</li> <li>Full Extension</li> <li>ROM past 100</li> <li>Normal Gait</li> <li>Off the Shelf brace ordered from OSC when swelling is decreased</li> </ul>
Phase II 4-11 weeks	<ul> <li>Frequency = 1-2x/week</li> <li>ROM as tolerated</li> <li>Progress strengthening as tolerated</li> <li>Activities that can start at 8 weeks: outdoor biking, in-line/ice skating (no cutting), swimming with a flutter kick (no diving or flip turns), two legged jump rope</li> </ul>	<ul> <li>If 4 week goals have been met D/C from formal therapy</li> <li>Brace does not need to be worn for ambulation on level surfaces. Use on uneven surfaces.</li> </ul>
Phase III 3-6 months	<ul> <li>Frequency = prn</li> <li>Activities: progress functional sport specific training such as large figure 8 running, side to side activity, forward/backward activities without any hard planting or cutting</li> </ul>	<ul> <li>Brace On for all more aggressive activities for the first year</li> <li>Return to play at MDs discretion</li> <li>No Biodex or KT 1000</li> </ul>