

Anterior Cruciate Ligament Reconstruction Protocol

Dr. Bryan Perkins

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

| Time Frame | Treatment | Goals |
|-------------------------|--|---|
| Post-Op Day | <ul style="list-style-type: none"> • Dressing Change • Instruction in Signs and Symptoms of Infection • Check for DVT • Issue HEP for quad sets, SLR, hip adduction, hip abduction, patellar mobilizations, hip extension, heel slides and cryotherapy • ROM is not limited, progress pain free | <ul style="list-style-type: none"> • Independent in HEP • Fair Quad Set • Independent with SLR • Understands WB and importance of knee immobilizer until good quad function |
| Phase I 0-4 weeks | <ul style="list-style-type: none"> • Frequency = 2-3x/week • WBAT, ROM as tolerated • Progress unilateral stance • Progress ambulation to normalize gait | <ul style="list-style-type: none"> • Good Quad Set • Full Extension • ROM past 100 • Normal Gait • Functional ACL bracing optional per patient request |
| Phase II 4-11 weeks | <ul style="list-style-type: none"> • Frequency = 1-2x/week • ROM as tolerated • Progress strengthening as tolerated • 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 | <ul style="list-style-type: none"> • If 4 week goals have been met D/C from formal therapy • Brace does not need to be worn for ambulation on level surfaces. Use on uneven surfaces. |
| Phase III 3-6 months | <ul style="list-style-type: none"> • Frequency = prn • 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 | <ul style="list-style-type: none"> • Clearance for return to play 9-12 mo pending MD clearance • Return to play testing includes isokinetic testing and functional return to sport testing |