Sheena Black, MD

Orthopedic Surgeon
Sports Medicine Specialist



PHYSICAL THERAPY PRESCRIPTION

ACL & Posterolateral Corner Reconstruction

| Name: Date: | | | | | | | | |
|--|---|-----------------------------|---------|--------------------------|---|--|--|--|
| Post-Operative Diagnosis: ☐ Right ☐ Left | | | | | | | | |
| Ligaments: | X ACL X PL | C PCL MCL |] | | | | | |
| Graft: | □ ВТВ | ☐ Hamstring ☐ Allogra | aft 🗆 | | | | | |
| Additional | Procedures: | ☐ Lateral Menisectomy | | ☐ Medial Menisectomy | | | | |
| | | ☐ Lateral Meniscal Repair | | ☐ Medial Meniscal Repair | | | | |
| | | ☐ Other: | | | | | | |
| Weight Bearing: ☐ Toe Touch weight-bearing with crutches (may rest your foot on the floor, but don't put your body weight on it) | | | | | | | | |
| ROM: Locked in | full extension in brace | for ambulation & sleeping | | | - | | | |
| Hamstring avoid | ance until 6 weeks post | -ор | | | | | | |
| Frequency & Do | u ration: BIW - TIW at 4 | 4 weeks post-op, BIW at 8 w | eeks po | ost-op | | | | |
| Rx: | ACL/PLC Post-Op Rehab – Phase 1 (follow my protocol strictly) | | | | | | | |
| | Dressing change / wound check 2-3 days post-op | | | | | | | |
| Precautions: | | | | | | | | |
| X Per my PT protocol | | | | | | | | |
| | Other: | | | | | | | |
| Physician's Sig | nature: | S | | | | | | |

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PHYSICAL THERAPY PROTOCOL ACL & Posterolateral Corner Reconstruction

| | <u>Weight</u> Bearing | <u>Brace</u> | <u>ROM</u> | <u>Exercises</u> |
|---|--|---|--|--|
| Phase I Weeks 0-6 PT 1-2x/week HEP daily | TTWB in brace w/ crutches * | 0 – 2 weeks: Locked in full extension for ambulation & sleeping 2 – 6 weeks: Unlocked for ambulation (0-90°) (once able to perform SLR without lag out of brace) Remove for sleeping | 0 – 2 weeks: 0 – 45° 2 – 6 weeks: Advance slowly 0 – 90° | Hamstring avoidance until 6 weeks post-op Quad sets, patellar mobs, gastric/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core |
| Phase II Weeks 6-12 PT 2-3x/ week HEP daily | Advance 25% weekly until full by 8 weeks | Discontinue at 6 weeks if no extension lag (may transition to functional brace) | Full | OK to start light resistance hamstring curls Begin toe raises, closed chain quads, balance exercises, stationary bike, step-ups, front and side planks; advance hip/core |
| Phase III Weeks 12-16 PT 2-3x/week HEP daily | WBAT | None | Full | Advance closed chain strengthening Progress proprioception activities Begin Stairmaster, elliptical and running straight ahead at 12 weeks |
| Phase IV Weeks 16-24 PT 1-2x/week HEP daily | WBAT | None | Full | 16 weeks: Begin jumping 20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program & sport-specific drills |
| Phase V > 6 months PT 1x/week HEP daily | WBAT | None | Full and pain- free | Gradual return to sports participation after completion of RTS testing ** Maintenance program based on RTS testing |

^{*} May be modified based on concomitantly performed meniscus repair or articular cartilage procedures

IF QUESTIONS: PLEASE CALL 469-800-7200

^{**} Completion of RTS (Return to Sport) testing not mandatory, but recommended at 6 months post-op for competitive athletes returning to play after rehab