Orthopedic Surgeon

Sports Medicine Specialist



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PHYSICAL THERAPY PRESCRIPTION ACL RECONSTRUCTION & MCL RECONSTRUCTION

Name:	Date:				
Post-Operative Diagnosis: Right Left ACL Reconstruction					
Graft:	🗆 ВТВ	B 🗆 Hamstring 🗆 Allograft			
Additional	Procedures:	□ Lateral Menisectomy □ Medial Menisectomy			
		□ Lateral Meniscal Repair □ Medial Meniscal Repair			
		Other: MCL Reconstruction			
Surgical Date:					
Weight Bearing: Progressive WBAT					
We	eight bearing modifi	fications: 🗆 NWB 🗆 TTWB 🗆 PWB			
X	NWB x 3 weeks, t	then 50% WB w/ crutches x 3 weeks			
ROM: 🗆 Full p	assive knee extens	sion, progress knee flexion as tolerated			
ROM Mo	difications:				
Brace Instruction	ons:				
Additional Instructions:					
Frequency & D	uration: 1-2 times	s per week for 6-8 weeks			
Rx:	ACL Post-Op Rehab	ab – Phase 1 (follow my protocol strictly)			
	Dressing change / w	wound check 2-3 days post-op			
	Call my office if patie	tient unable to get 0 – 90° ROM by 2 weeks post-op			
	Emphasize early full	II passive extension to 0° (No recurvatum for hamstring grafts)			
Precautions:					
	X Per my PT pro	rotocol			
	Other: Protect	ct MCL repair – no valgus or ER stress			
	×	B			
Physician's Signature:,MD					

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PHYSICAL THERAPY PROTOCOL ARTHROSCOPIC ACL RECONSTRUCTION & MCL RECONSTRUCTION

<u>PHASE I:</u>

- TIME FRAME:
 Immediately post-op through 3 weeks

 Patient to do H.E.P. daily
- GOALS: Passive extension to 0 only Reduce swelling 90° flexion by 2 weeks post-op Maintain patella glide Achieve good quad set at 0° and 90°
- PRECAUTIONS:
 Brace removal prn by therapist for exercises

 Brace locked at 0° for sleeping until 0° extension maintained

 NWB immediately post-op.

 Brace locked at 0° for ambulation

 Full ROM

EXERCISES:

- 1. 0° quad sets (consider NMES or biofeedback for protocol control).
- 2. Assisted flexion (dangle) with uninvolved leg crossed under ankle.
- 3. 90° quadriceps isometrics once 90° flexion achieved.
- 4. Passive hyperextension (sitting) to zero ASAP.
- 5. Straight leg raises, all planes, with brace locked in full extension.
- 6. Calf, hamstring stretching, calf pumps.
- 7. Heel slides.

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PHASE II:

PHASE II:

TIME FRAME:	3 - 6 weeks post-op. PT visits - TIW Patient to do H.E.P. daily
GOALS:	Passive extension to zero mandatory 50% WB in brace and w/ crutches Restore patella mobility to normal Achieve good quad set at 0° and 90° Brace until 6 weeks po Full ROM

PRECAUTIONS: Avoid terminal open chain quad PRE

EXERCISES:

- 1. Patella and scar tissue mobilization by therapist and patient.
- Straight leg raises continue in brace until strength is sufficient to prevent extension lag. No SLR w/ weights
- 3. Isometric quad sets at 90° knee flexion (use a belt looped around leg of chair).
- 4. Theraband[™] leg press from 100° to 0°.
- 5. Calf strengthening (Heel raises standing, sitting, and Theraband[™]).
- 6. Closed kinetic chain quadriceps strengthening with bands only
- 7. Stationary bike progress light resistance as tolerated.

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PHASE III:

TIME FRAME:	6 weeks to 10 weeks post-op. PT visits - BIW Patient should do workout in health club or home gym TIW
GOALS:	Progress to WBAT Regain full motion to flexion. Restore patella mobility to normal. Begin improving proprioception. Normal community ambulation. Increasing strength with program in therapy and / or club.
PRECAUTIONS:	Avoid terminal open chain quad PRE

No jumping or cutting activities

EXERCISES:

- 1. Continue Range of motion / flexibility to equal opposite side
- 2. Continue closed kinetic chain quad strengthening and progress to single leg mini squats (pt may use weighted back pack), single/ double leg press, wall sits to 90°, step-ups, lateral step-up, and weighted terminal knee extension.
- 3. Continue to progress hamstring, calf, and hip strengthening (side steps, resisted walking, raises, curls).
- 4. Stationary bike increase time and resistance levels. Progress to interval program.
- 5. Elliptical, Nordic Trac, Stairmaster, treadmill machines and walking for conditioning with attention paid to patella symptoms.
- 6. Pool programs walking initially with progression to deep-water aqua jogging.
- 7. Continue to progress proprioception and balance activities (ball toss, balance boards, foam, and mini trampoline).
- 8. Open chain knee extension from 100° to 145°
- 9. Isometric quad sets at 90° knee flexion sitting and supine (ie. Hip flexed and neutral).

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PHASE IV:

TIME FRAME:	10 weeks to 20 weeks post-op. PT visits - QOW Patient should do workout in health club or home gym 5x/week
GOALS:	Full ROM Normal patella mobility. Gain sufficient strength, proprioception to initiate straight jogging. If swelling limits flexion – pt to take 2 Aleve PO BID.
PRECAUTIONS:	No sudden starts / stops or quick change in direction. No jumping or cutting activities
EXERCISES:	 Continue strength building program by increasing weights and decreasing repetitions per set, 3-4 times per week. Progress toward full weight-bearing jog at 12 weeks. Begin on treadmill and advance to track (initially walking curves). Slowly increase the pace and distance. Advanced proprioception activities. Isokinetic strengthening full range of motion if available. Open chain knee extension 30° to 0°.
PHASE V:	
TIME FRAME:	<u>Quadriceps/hamstring strength 80% of uninvolved thigh required for phase V.</u> 20 weeks to 24 weeks post-op. PT visits - QOW Patient should do workout in health club or home gym 5x/week.
GOALS:	Restore advanced proprioception Restore normal muscle strength and endurance Safely restore functional sports performance in controlled setting. Slow and controlled cutting activities under light load.
PRECAUTIONS:	Quadriceps/hamstring strength 80% of uninvolved thigh required for phase V. No fast or aggressive cutting No hopping down from > 12" height
EXERCISES:	
	 4 week return to sports program/ agility program issued by therapist / physician. Slow progression into plyometric training. Cross overs Figure 8 running. Box / shuttle running Accelerating / decelerating sprints Progression into sport specific drills.

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PHASE VI:

TIME FRAME:	Quadriceps/hamstring strength 85% of uninvolved thigh required for phase VI. Begin 6 months post-op. Supervised but independent program
GOALS:	Equal performance lower extremities on single and 3 hop test Symmetric performance of basic and sport specific agility drills. Return to sports.

IF QUESTIONS: PLEASE CALL 469-800-7200