



# Indiana University Health

*IU Health Physicians Orthopedics & Sports Medicine*

## **ANTERIOR CRUCIATE LIGAMENT (ACL) AND POSTERIOR CRUCIATE LIGAMENT (PCL) RECONSTRUCTION**

### **PHYSICAL THERAPY PROTOCOL**

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[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_ x/week    x    \_\_\_\_\_ weeks

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b>  0-4 weeks	Non-weight bearing *	<b>0-1 week:</b> Locked in full extension for ambulation and sleeping  <b>1-4 weeks:</b>	As tolerated	Quad sets, patellar mobs, gastroc/soleus stretch  SLR w/ brace in full extension until quad strength prevents extension lag



		Unlocked for ambulation, remove for sleeping**		Side-lying hip/core Hamstrings avoidance until 6 wks post-op
<b>PHASE II</b> 4-12 weeks	Full	Discontinue at day 28 if patient has no extension lag	Full	Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks; advance hip/core
<b>PHASE III</b> 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical and running straight ahead at 12 weeks
<b>PHASE IV</b> 16-24 weeks	Full	None	Full	<b>16 wks:</b> Begin jumping <b>20 wks:</b> Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
<b>PHASE V</b> > 6 months	Full	None	Full and pain-free	Gradual return to sports participation after completion of FSA*** Maintenance program based on FSA

\*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

\*\*Brace may be removed for sleeping after first post-operative visit (day 7-10)

\*\*\*Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24 wks post-op for competitive athletes returning to play after rehab

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would \_\_\_ would not benefit from social services.**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**