



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ANTERIOR CRUCIATE LIGAMENT (ACL) AND POSTEROLATERAL CORNER (PLC) RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ Evaluate and Treat ___ Provide patient with home program

Frequency: _____ x/week x _____ weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I	Non-weight bearing *	0-2 weeks: Locked in full extension for ambulation and sleeping	0-2 weeks: 0- 45	Quad sets, patellar mobs, gastroc/soleus stretch
0-6 weeks			2-6 weeks: Advance	SLR w/ brace in full extension until quad



		2-6 weeks: Unlocked for ambulation 0-90, remove for sleeping**	slowly 0-90	strength prevents extension lag Side-lying hip/core Hamstrings avoidance until 6 wks post-op
PHASE II 6-12 weeks	Advance 25% weekly until full by 8 wks	Discontinue at 6 wks if 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
PHASE III 12-16 weeks	Full	None	Full	Advance closed chain strengthening Progress proprioception activities Begin stairmaster, elliptical and running straight ahead at 12 weeks
PHASE IV 16-24 weeks	Full	None	Full	16 wks: Begin jumping 20 wks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills
PHASE V > 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:** _____

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