



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH HAMSTRING AUTOGRAFT

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____

Date: _____

Procedure: Right/Left ACL Reconstruction with Patellar Allograft

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair

___ Evaluate and Treat – no open chain or isokinetic exercises

___ Provide patient with home exercise program



Frequency: _____x/week x _____weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-4 weeks	As tolerated with crutches*	0-1 week: Locked in full extension for ambulation and sleeping 1-4 weeks: Unlocked for ambulation, remove for sleeping**	As tolerated	Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag
PHASE II 4-12 weeks	Full, progressing to normal gait pattern	Discontinue at day 28 if patient has no extension lag	Main full extension and progressive flexion	Progress Phase I Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core, pool
PHASE III 12-16 weeks	Full, without use of crutches and with a normalized gait pattern	None	Gain full and pain-free	Advance closed chain strengthening, progress proprioception activities Begin stairmaster, elliptical and running straight ahead
PHASE IV 16-24 weeks	Full	None	Full and pain-free	16 wks: Begin jumping 20 wks: Advance running to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills 22 wks: Advance as tolerated FSA completed at 22 wks***
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 approx 22 wks post-op for competitive athletes returning to play after rehab



*****Note: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:**

- WBAT with brace limited to 0-90 degrees x 4 weeks**
- Limit ROM 0-90 degrees x 4 weeks**
- No tibial rotation x 4 weeks**

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