



**ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION
WITH BONE-PATELLAR TENDON-BONE AUTOGRAFT**

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

www.BryanSaltzmanMD.com

Patient Name: _____

Date: _____

Procedure: Right/Left ACL Reconstruction with Patellar Autograft

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

Evaluate and Treat – no open chain or isokinetic exercises

Provide patient with home exercise program

Frequency: _____x/week x _____weeks

Phase I (0-6 wks): *Period of protection****

-Weight bearing as tolerated without assist by post-op day 10. Patients in hinged knee braces, who have had their own patellar tendon used, should be locked in extension while sleeping or ambulating until week 6. Patients who have had an allograft or hamstring used may discontinue the immobilizer after 10-14 days.



- ROM** – progress through passive, active and resisted ROM as tolerated. Extension board and prone hang with ankle weights (up to 10 lbs) recommended. Stationary bike with no resistance for knee flexion (alter set height as ROM increases). Goal: full extension by 2 weeks, 120 degrees of flexion by 6 weeks).
- Patellar mobilization**, 5-10 minutes daily.
- Strengthening** – quad sets, SLRs with knee locked in extension. Begin closed-chain work (0-45 degrees) when full weight-bearing. No restrictions to ankle/hip strengthening.
- No elliptical.

*****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**

__ Phase II (6-12 wks): *Advance strengthening.*

- Transition to custom ACL brace** if ordered by physician.
- ROM** – continue with daily ROM exercises (goal: increase ROM as tolerated)
- Strengthening** – increase closed-chain activities to 0-90 degrees. Add pulley weights, theraband, etc. Monitor for anterior knee pain symptoms. Add core strengthening exercises.
- Add side lunges and/or slideboard.
- Continue stationary bike and biking outdoors for ROM, strengthening, cardio.

__ Phase III (12-18 wks): *Begin more sport-focused conditioning.*

- Advance strengthening as tolerated, continue closed-chain exercises. Increase resistance on equipment.
- May begin Elliptical.
- No straight ahead jogging until 4-4.5 months post op.
- Begin to wean patient from formal supervised therapy encouraging independence with home exercise program.
- Strict avoidance of open chain exercises.

__ Other:

- Modalities Electrical Stimulation Ultrasound
- Heat before/after Ice before/after exercise
- May participate in aquatherapy after week three, begin aqua-running week 6



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