



BONE TUNNEL GRAFTING (AFTER ACL RE-TEAR)

PHYSICAL THERAPY PROTOCOL

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

Accessory Procedure (circled if applicable):

Lysis of Adhesions (LOA) with Manipulation Under Anesthesia (MUA)

Evaluate and Treat – no open chain or isokinetic exercises

Provide patient with home exercise program

Frequency: _____x/week x _____weeks

Phase I (Weeks 1-2)*: *Initial recovery.***

◆Weight bearing as tolerated without assist by 48 hours post-op.



◆ROM: Progress through passive, active and active-assisted ROM as tolerated

- Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks

◆Patellar mobilization daily

◆Strengthening: quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

****If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.*

Phase II (Weeks 2-6)***: Advance ROM and strengthening.

◆ROM: Continue with daily ROM exercises

- Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated

◆Strengthening: Begin and advance closed chain strengthening to full motion arc.

- Add pulley weights, theraband, and other modalities as per PT discretion.
- Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
- Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
- Monitor for anterior knee symptoms, modulating exercises as necessary.

□

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Other:

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



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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