AMERICAN HIP INSTITUTE
& ORTHOPEDIC SPECIALISTS

999 E. Touhy Ave. Suite 450
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Anterior Cruciate Ligament (ACL) Reconstruction
Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following ACL reconstruction. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please reference the exercise progression sheet for timelines and use the following precautions during your treatments.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

Day after surgery – end of week 2:
GOALS: Decrease pain and swelling; begin ROM; initiate muscle control

ROM Goals: Achieve 90* flexion be by end of week 1; 110* flexion by end of week 2; full extension

- Heel slides; Wall slides
- Heel prop; Prone hang

Therapeutic Exercises:

- Quad sets; Russian stim as needed; ankle pumps
- SLR (all 4 directions without lag); hamstring curls
- Weight shifts
- Mini squats; heel raises
- CKC TKE (pain free ROM 0-30*)
- Proprioception
- Core stabilization and hip/gluteal strength
- Stretch gastroc/soleus; hamstring
- Patellar Mobilization (all directions)
- STM

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Day after surgery – end of week 2 (continued):

Gait Training:

- Progress WBAT to Full WB (must have good quad control; emphasize heel toe gait pattern) Discharge from axillary crutches once good quad control is achieved.

Modalities: Russian Stim; IFC and Ice as needed

Week 3 – end of week 6:

GOALS: Continue to control pain and swelling; Progress ROM; progress strength, functional activities and proprioception; return to normal gait pattern

ROM: Achieve full flexion and extension

- Wall slides; heel slides; prone flexion; seated flexion; AAROM
- Heel Prop; prone hang (add weight if needed); AAROM

Therapeutic Exercises:

- Stationary Bike (once 110* of flexion is achieved)
- SLR (all 4 directions); hamstring curls (Add weight)
- Weight shifts progress to balance board
- Mini squats progress to wall squats; unilateral squats
- Heel raises progress to unilateral
- CKC TKE (pain free ROM 0-30*)
- Leg Press (DL/SL)
- Stationary Lunges
- Mini tramp
- Step ups/step downs/lateral (progress from 2" on up)
- Progress to T-band walks (monster walks- forward and backward; sideways)
- Stool scoots
- Progress Proprioception exercises (DL/SL)
- Core stabilization and hip/gluteal strength (ie bridges)
- Stretch gastroc/soleus; hamstring; quadriceps; ITB; hip flexor
- Patellar Mobilization (all directions)
- STM

Gait Training: Discharge from crutches once good quad control is maintained; return to FWB

- Progress WBAT to Full WB (must have good quad control; emphasize heel toe gait pattern)
- Ascend and Descend stairs
- Progress gait drills to:
    - Backward Retro walk
    - Forward and Backward high knee walk
    - Step overs Forward and Backward
    - Side step mini squat position
    - Forward skater's step (zig zag)
    - Backward skater's step (zig zag)

Cardiovascular: Stationary bike; UBE; treadmill- forward and retro walking; elliptical begin at week 5-6

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Week 7 – end of week 12:
Goals: Continue ROM as needed; Continue strength, endurance and functional activity progression; proprioception

ROM:

- Maintain full ROM

Therapeutic exercises:

- Continue to progress previous exercises from weeks 3-6
- Progress CKC exercises ie: leg press; squats; split squats; stationary lunges
    - Progress to open chain as patient strength progresses ie: multi-directional lunges; squat with knee lift, squat with reach, etc
- Mini tramp (DL/SL)
- Advance proprioception exercises (DL/SL)
- Core stabilization and hip/gluteal strength (ie bridges)
- Stretch gastroc/soleus; hamstring; quadriceps; ITB; hip flexor

Cardiovascular: Stationary bike; UBE; elliptical; stair stepper

Week 13 – end of week 16:
Goals: Initiate sports specific progression; Continue strength, endurance and functional activity progression

Therapeutic exercises:

- Begin strength and body control drills related to sports specific or functional activities
- Begin proprioception drills related to sports specific or functional activities
- Core stabilization and hip/gluteal strength
- Stretch gastroc/soleus; hamstring; quadriceps; ITB; hip flexor
- Begin jogging on treadmill
    - Prior to jogging patient must demonstrate 30 SL squats on involved leg with good quad control
- Begin agility activities low velocity
    - Ladder drills, F/B skipping, side shuffle, carioca, cross overs etc…
- Landing mechanics progress at low velocity

Week 17 – end of week 20:
Goals: Progress sports specific activities; Continue strength, endurance and functional activity progression

Therapeutic exercises:

- Progress strength and body control drills related to sports specific or functional activities
- Progress proprioception drills related to sports specific or functional activities
- Progress jogging to sprinting
    - Deceleration/Acceleration

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Week 17 – end of week 20 (continued):

- Progress agility activities from low velocity to high velocity
    - Figure 8, pivoting, shuttle run; ladder drills, F/B skipping, side shuffle, carioca, cross overs, etc.
- Landing mechanics progress from low to high velocity (DL/SL)
- Core stabilization and hip/gluteal strength
- Stretch gastroc/soleus; hamstring; quadriceps; ITB; hip flexor

Note: *Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.*