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**PHYSICAL THERAPY PROTOCOL  
 ACL RECONSTRUCTION**

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| <p><b>Procedure</b></p>                        | <p><b>Date of Surgery:</b> _____<br/>         R L B/L Knee Arthroscopy, ACL Reconstruction with:<br/>         BTB Hamstring Quad Allograft</p> <p><b>Additional Procedures:</b><br/> <input type="checkbox"/> Meniscus Repair - <input type="checkbox"/> Medial <input type="checkbox"/> Lateral<br/> <input type="checkbox"/> MCL <input type="checkbox"/> LCL <input type="checkbox"/> PLC – Add Collateral Ligament PT protocol recs<br/> <input type="checkbox"/> Cartilage Restoration: _____<br/>         Other: _____<br/> <i>If procedures combined - combine protocol instructions and follow more conservative recommendations.</i></p>   |
| <p><b>Plan</b></p>                             | <p><b>Physical Therapy for R L B/L Lower Extremity</b><br/>         2-3x Per Week x 8 Weeks</p>   |
| <p><b>General Guidelines</b></p>               | <p>Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant procedures such as additional ligament reconstruction, meniscal repair and articular cartilage procedures may alter the guideline.<br/>         Follow physician's modifications as prescribed</p>   |
| <p><b>Phase I<br/>         (Weeks 0-2)</b></p> | <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>▪ ROM:             <ul style="list-style-type: none"> <li>○ Full passive extension</li> <li>○ Minimum of 90° knee flexion</li> <li>○ Normalize patella mobility</li> </ul> </li> <li>▪ Weightbearing             <ul style="list-style-type: none"> <li>○ WBAT ambulating first with two crutches. Transition to single crutch after Week 1 with discontinuation of crutches after Week 2 once sufficient quad control.</li> </ul> </li> <li>▪ Control post-operative pain / swelling</li> <li>▪ Prevent quadriceps inhibition</li> <li>▪ Promote independence in home therapeutic exercise program</li> </ul> <p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid active knee extension</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>▪ Avoid ambulation without brace locked @ 0°</li> <li>▪ Avoid heat application</li> <li>▪ Avoid prolonged standing/walking</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Towel under heel for knee extension, A/AAROM for knee flexion, patella mobilization,</li> <li>▪ quadriceps re-education (NMES and /or EMG), hip progressive resisted exercises, proprioception training, short crank bike, bilateral leg press (5 - 70°), SL R supine (with brace locked to without brace), SLR all planes, cryotherapy for pain and edema</li> <li>▪ Emphasize patient compliance to HEP and weight bearing precautions/progression</li> </ul> <p><b>EMPHASIZE:</b></p> <ul style="list-style-type: none"> <li>▪ Patella mobility</li> <li>▪ Full knee extension</li> <li>▪ Improving quadriceps contraction</li> <li>▪ Controlling pain/effusion</li> </ul> <p><u>MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:</u></p> <ul style="list-style-type: none"> <li>▪ Able to SLR without quadriceps lag</li> <li>▪ 0° knee extension, minimum of 90° knee flexion</li> <li>▪ Able to demonstrate unilateral (involved extremity) weight bearing without pain</li> </ul> |
| <p><b>Phase II</b><br/> <b>(Weeks 2-6)</b></p> | <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>▪ ROM 0° - 125°, progressing to full ROM</li> <li>▪ Good patella mobility</li> <li>▪ Minimal swelling</li> <li>▪ Restore normal gait (non-antalgic) without assistive device</li> <li>▪ Ascend 8" stairs with good control, without pain</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Transition from hinged brace to low profile brace with single crutch as needed.</li> <li>▪ Continue phase I exercises as appropriate</li> <li>▪ Advance AAROM knee flexion/extension exercises (emphasize full passive extension), hamstring/calf flexibility, standard bike (if ROM 115°), leg press (80 - 0° arc), mini squats, active knee extension to 40°, proprioceptive training,</li> </ul>  |

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|  | <p>forward step up program, underwater treadmill (incision benign), open brace (0 - 50°) ambulate with crutches as quadriceps strength improves</p> <ul style="list-style-type: none"> <li>▪ Progress/advance patients home exercise program (evaluation based)</li> </ul> <p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid descending stairs reciprocally until adequate quadriceps control &amp; lower extremity alignment</li> <li>▪ Avoid pain with therapeutic exercise &amp; functional activities</li> </ul> <p><b>EMPHASIZE</b></p> <ul style="list-style-type: none"> <li>▪ Normalizing knee ROM and patella mobility</li> <li>▪ Minimizing knee effusion</li> <li>▪ Normal gait pattern</li> </ul> <p><u>MINIMUM CRITERIA FOR ADVANCEMENT:</u></p> <ul style="list-style-type: none"> <li>▪ ROM 0 - 125°</li> <li>▪ Normal gait pattern</li> <li>▪ Demonstrate ability to ascend 8" step</li> <li>▪ Good patella mobility</li> <li>▪ Functional progression pending functional assessment</li> </ul> |
| <p><b>Phase III</b><br/> <b>(Weeks 6-14)</b></p> | <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>▪ Restore Full ROM</li> <li>▪ Able to descend 8" stairs with good leg control &amp; no pain</li> <li>▪ Improve ADL endurance</li> <li>▪ Improve lower extremity flexibility</li> <li>▪ Protect patello-femoral joint</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Progress squat/leg press program, initiate step down program, advance proprioceptive training, agility exercises, retrograde treadmill ambulation/running, quadriceps stretching</li> <li>▪ Emphasize patient compliance to both home and gym exercise program</li> </ul> <p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid pain with therapeutic exercise &amp; functional activities</li> <li>▪ Avoid running and sport activity till adequate strength development and MD clearance</li> </ul>   |

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|  | <p><b>EMPHASIZE</b></p> <ul style="list-style-type: none"> <li>▪ Improving quadriceps strength</li> <li>▪ Eccentric quadriceps control</li> </ul> <p><u>MINIMUM CRITERIA FOR ADVANCEMENT:</u></p> <ul style="list-style-type: none"> <li>▪ ROM to WNL</li> <li>▪ Ability to descend 8" stairs with good leg control without pain</li> <li>▪ Functional progression pending functional assessment</li> </ul>  |
| <p><b>Phase IV</b><br/> <b>(Weeks 14-22)</b></p>                           | <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>▪ Demonstrate ability to run pain free</li> <li>▪ Maximize strength and flexibility as to meet demands of ADLS</li> <li>▪ Hop Test &gt; 75% limb symmetry</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Start forward running (treadmill) program when 8" step down satisfactory</li> <li>▪ Advance agility program / sport specific</li> <li>▪ Start plyometric program when strength base sufficient</li> </ul> <p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid pain with therapeutic exercise &amp; functional activities</li> <li>▪ Avoid sport activity till adequate strength development and MD clearance</li> </ul> <p><u>MINIMUM CRITERIA FOR ADVANCEMENT:</u></p> <ul style="list-style-type: none"> <li>▪ Symptom-free running</li> <li>▪ Hop Test &gt; 75% limb symmetry</li> <li>▪ Functional progression pending &amp; functional assessment</li> </ul> |
| <p><b>Phase V</b><br/> <b>(Weeks 22 +)</b><br/> <b>Return To Sport</b></p> | <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>▪ Lack of apprehension with sport specific movements</li> <li>▪ Maximize strength and flexibility as to meet demands of individual's sport activity</li> <li>▪ Hop Test &gt; 85% limb symmetry</li> </ul> <p><b>TREATMENT RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Continue to advance LE strengthening, flexibility &amp; agility programs</li> <li>▪ Advance plyometric program</li> </ul> <p><b>PRECAUTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Avoid pain with therapeutic exercise &amp; functional activities</li> </ul>  |

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- Avoid sport activity till adequate strength development and MD clearance

**CRITERIA FOR DISCHARGE:**

- Hop Test > 85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge