



Patient:	Date of Surgery:	

Procedure: Right/Left Hamstring Autograft or Allograft ACL reconstruction

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

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

Weight bearing: WBAT, should be without assist by POD10

Brace: Knee immobilizer for 1 weeks with sleep. Can be weaned during

ambulation once able to do SLR without significant lag.

ROM: Progress through PROM, AAROM and AROM as tolerated. Goals of full

extension by week 2, 120 flexion by week 6.

Ice: Not directly on skin. Recommend as much as possible. 5x/day, 20

min/session for first 2 weeks. Then after activity at minimum.

Exercises: Extension board and prone hang with ankle weights up to 10lbs. Stationary bike with no resistance for knee flexion (alter set height as ROM increases). Patellar mobilization 5-10 min daily. Quad sets, SLR with knee locked in extension. Begin closed chain work (0-45°) when full weight bearing. No restrictions on ankle and hip strengthening.

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

Weight bearing: Full

Brace: None

ROM: No limitation, increase as tolerated.

Ice: Not directly on skin. Recommend as much as possible, at minimum after

therapy.

Exercises: Increase closed chain activities 0-90°. Add pulley weights, therabands, etc. Monitor for anterior knee pain symptoms. Add core strengthening exercises. Add side lunges and/or slideboard. Continue stationary bike and outdoor biking for ROM, strengthening and cardio. Swimming and water based controlled activities can begin. D/C to HEP if independent.

FOLLOW ATTACHED PROTCOL ON PAGE 3

Phase III (12 wks-6 mo): Independent strengthening and progression to jogging

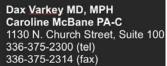
Weight bearing: Full

Brace: None ROM: No limitation

Exercises: Advanced strengthening (may use personal trainer), follow suggested exercises, increase resistance on equipment. May begin elliptical. Strict avoidance of open chain exercises.

Running: Return to PT for walk/jog program and return to sprint training programs at 4 mo and 5 mo respectively. Perform activities independently afterwards.

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Phase IV (6 mo-8 mo): Advanced activities

Weight bearing: Full

Brace: None ROM: No limitation

Exercises: AVOID HIGH RISK ACTIVITIES UNTIL MD CLEARANCE. Y

balance test and if appropriate return to jumping training.

Phase V (9 mo-12 mo): Strengthening and release to sports

Brace: Can consider custom ACL functional brace only if desired for return to

sport

Exercises: AVOID HIGH RISK ACTIVITIES UNTIL MD CLEARANCE. Vail

sports testing at 9 mo if cleared by MD.

Release to sports: Release is individualized, no sooner than 9 months due to elevated retear risk. Will be appropriately released by PT and testing metrics rather than time alone.

Frequency:	x/week	X	weeks	
By signing this re therapy is medica	•	hat I h	ave examined this patient and physic	al
			Date:	
Dax Varkey M	ID, MPH			

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Independent Gym Program following ACL Reconstruction

This program is intended to help guide your strengthening during the recovery from an anterior cruciate ligament reconstruction. While many of the exercises can be done independently, it takes regular commitment to strengthening and access to fitness equipment to be successful.

- Perform gym program 2-3 days/week with at least 48 hours between sessions
 The frequency of exercises determined by soreness, fatigue, exercise technique,
 and stability throughout involved knee.
- Perform bodyweight stability and balance exercises as given in physical therapy 5-7 days/week. These may be performed before or after your gym work.
- Perform any running, agility, jumping/plyometrics, or sport-specific work prior to your gym workout.
- If you experience pain > 3/10 or more than minimal swelling during your workout, discontinue that workout, ice, elevate your leg and wait 48 hours before resuming workout program.
- If pain > 3/10 and/or swelling remain, contact your physical therapist.

1. Choose 1 primary exercise

- 4 working sets of 8-12 reps/set
 - Perform as many warm-up sets as needed prior to working sets
- May increase weight and decrease reps to 6-8 over time but only as knee stability and exercise technique allow

2. Choose 1-2 single-leg auxiliary exercises

Perform 3-4 sets x 8-12 reps

3. Choose 1-2 double-leg auxiliary exercises

• Perform 3-4 sets x 6-10 reps

Primary Exercise Choose 1	Single-leg auxiliary exercises Choose 1-2	Double-Leg auxiliary exercises Choose 1-2
 Squats Dumbbell Barbell (with spotter) Hex Bar Deadlifts 	 Bulgarian split squat Bulgarian deadlift Single-leg RDL Lunge (stationary, walking, reverse. NO FORWARD TO BACK LUNGE) Step-ups Sled Pull variations Bench Bridge Single-leg leg press Single-leg leg extension (only with MD clearance) 	 RDL Glute-Ham raise Reverse Hyperextension Hyperextension Thruster Low Cable Pull Through Leg press Leg extension Hamstring curl

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