



Orthopaedic Associates of Zanesville

Post Operative Physical Therapy Guidelines

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Anterior Cruciate Ligament Reconstruction

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-2 Weeks:

- WBAT, brace locked at 0° for ambulation and sleeping
- D/C crutches when gait is non-antalgic
- ROM: 0-90° with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0 degrees, VMO adduction
- Ankle pumps, heel slides, quad sets
- Short crank (90mm) ergometry

2-6 Weeks:

- Brace: unlocked when quad control is adequate discontinued brace when quad control is adequate (typically 4 weeks)
- ROM: 0-125° (Maintain full extension)
- Active knee extension from 40°
- Standard (170mm) ergometry (if knee ROM > 115 degrees)
- Leg Press (80-0° arc)
- Mini squats / weight shifts
- Proprioception training
- Initiate step up program

6-14 Weeks:

- Progressive squat program
- Initiate step-down program
- Leg press, lunges
- Isotonic knee extensions (90-40°, closed chain preferred)
- Agility exercises (sport cord)
- Versa climber/Nordic Track
- Retrograde treadmill ambulation

14-22 weeks:

- Begin forward running (treadmill) program when 8" step down satisfactory
- Continue strengthening & flexibility program
- Advance sports-specific agility drills
- Start plyometric program

>22 weeks:

- Advance plyometric program, return to sport (MD Directed)
- **May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport**