Medical School



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ACL/PLC RECONSTRUCTION REHAB PROTOCOL

| | WEIGHT BEARING | BRACE | ROM | EXERCISES | Goal Progression Check List (if participating) |
|-------------------------------|---|---|--|---|---|
| PHASE I 0-6 weeks | 0-4 weeks : TTWB in brace * 4-6 weeks: advance to full weight bearing as tolerated * | 0-4 weeks: Locked in full extension for ambulation and sleeping 4-6 weeks: Locked for ambulation, may unlock to achieved motion for sedentary positions. Continue for sleep If meniscus repair, refer to PT script* | 0-2 weeks: lock in extension 2-6 weeks: Advance slowly 0-90 If meniscus repair, refer to patients PT script* | E-stim, biofeedback Quad sets, 4 way patellar mobs, gastroc/soleus stretch SLR w/ brace in full extension until quad strength prevents extension lag Side-lying hip/core (Avoid VARUS STRESS) Hamstrings avoidance until 8 wks post-op Avoid prone hangs | |
| PHASE II 6-8 weeks | WBAT | Open to ambulate and wean out of brace when adequate quad control and normal gait Remove for sleeping | Progress active and passive ROM as tolerated | Continue phase I | Full ambulation without assistance: VAS ≤ 5 (worst) & IKDC ≥ 30 Knee extension PROM ≥ 0° Knee Flexion PROM ≥ 110° ≥ 30 SLR without quad lag BESS (SL-FIRM) ≤ 5 MD APPROVAL |
| PHASE III 8-12 weeks | WBAT | Functional bracing dependent on patient activity and doctor recommendation | Progress to full | Continue Phase I and II Begin toe raises May begin stationary bike with no resistance when motion allows Begin closed chain exercises, mini squats (0- 45), short arc quad (0-45), leg press (0-60) Balance and proprioceptive exercises Begin active hamstring exercises Treadmill walking Hip and core strengthening | |

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| PHASE IV 12-24 weeks | Full | Functional bracing dependent on patient activity and doctor recommendation | Full | Advance closed chain strengthening Progress proprioception activities Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Stairmaster and swimming (flutter kick) okay at 14 weeks Jog to run progression at 4 months | |
|-------------------------------|------|---|------------------------|--|---|
| PHASE V > 24 weeks | Full | Functional bracing dependent on patient activity and doctor recommendation | Full and pain- free | Continue and progress strengthening program based on goals and deficits Agility progression when criteria met: side steps, crossovers, figure 8 running, shuttle run, one and two leg jumping, cutting, acceleration deceleration sprints, agility ladders | Initiate Agility Training: VAS ≤ 2 (Worst) & IKDC ≥ 70 Tampa Kinesiophobia Scale < 20 Heel Height Difference ≤ 1 cm Quad & HS symmetry ≥ 80% Y Balance deficits < 4 cm (each direction) Landing error scoring system ≤ 5 MD APPROVAL |
| | | | | Initiate plyometric program as appropriate for patient goals Initiate sport specific drills as appropriate | FULL RETURN TO SPORT: VAS ≤ 2 (Worst) & IKDC ≥ 80 Tampa Kinesiophobia Scale < 20 Heel Height Difference ≤ 1 |
| | | | | Gradual return to sports participation Maintenance program | Receive The fight Difference ⊆ 1 cm Quad & HS symmetry ≥ 90% HS/Quad strength ration ≥ 55% Symmetry for Hop testing ≥ 90% Agility Tests: agility T-test, Figure of 8 Test Complete sports metrics MD APPROVAL |