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