

# ACL REHAB PROTOCOL

Dr. Jose Padilla

Chippewa Valley Orthopedics & Sports Medicine

1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B

Altoona, WI 54720

Chippewa Falls, WI 54729

Patient\_\_\_\_\_

DOS\_\_\_\_\_

|   | WEEK 0<br>Begins DOS   | WEEK 1        | WEEK 2         | WEEK 3  | WEEK 4                       | WEEK 5 | WEEK 6                 | WEEK 7+                                  | POST-OP<br>MONTH 2-3 |  |  |  |
|---|--|---------------|----------------|---|------------------------------|--------|------------------------|--|----------------------|--|--|--|
| <b>WEIGHT BEARING</b>   | 25%  | 50%           | 75%            | 100% D/C assistive device with non-antalgic gait or per MD instruction                |                              |        |                        |  |                      | <b>MONTH 4-5</b><br>PT 1xmonth<br>Begin progressive running program<br>Rollerblading<br>Plyometrics<br><br><b>Month 6</b><br>Return to play<br>With sports brace<br>Quad and Ham strength must be 90 %<br>Pass functional tests. |  |  |
| <b>BRACE SETTINGS</b>   | 0/0  | 0/100         | 0/120          | Full D/C Brace per MD instruction<br>Keep brace 0/0 if quadriceps contraction is poor |                              |        |                        |  |                      |  |  |  |
| <b>PROM Goals</b>   | 0-90   | 0-110         | 0-120          | Full  |                              |        |                        |  |                      |  |  |  |
| <b>AROM Goals</b>   | NONE   | 0-60          | 0-90           | 0-120   | Full                         |        |                        |  |                      |  |  |  |
| <b>PT visits/wk</b>   | 1-2  | 2-3           | 2-3            | 2-3   | 2-3                          | 2-3    | 2-3                    | 2-3                                      |                      |  |  |  |
| <b>SHOWER</b>   | No   | Yes           |                | Sleep w/o brace or per MD   |                              |        |                        |  |                      |  |  |  |
| <b>EXERCISES</b><br>Follow all ROM & weight bearing guidelines for all ex | QUAD SETS  | QUAD SETS     | QUAD SETS      | Knee extension 90-40° if pain-free  |                              |        |                        |  |                      |  |  |  |
|   | SLR's w/brace  | SLR's w/brace | SLR's no brace |   |                              |        |                        |  |                      |  |  |  |
|   | PATELLAR MOBS  |               |                |   |                              |        |                        |  |                      |  |  |  |
|   | MULTI-HIP ISOTONICS  |               |                |   |                              |        |                        |  |                      |  |  |  |
|   | <b>NOTE:</b><br>*PT visits/wk may vary<br>*individual ex progression may vary<br>*FOLLOW MD's INSTRUCTIONS |               |                | HAM CURLS<br>ACT or A/Assist  | HAM CURLS<br>isotonic/2 legs |        |                        |  |                      |  |  |  |
|   |  |               |                | BAPS  |                              |        |                        |  |                      |  |  |  |
|   |  |               |                | Bike, as ROM allows   |                              |        |                        |  |                      |  |  |  |
|   |  |               |                | TOTAL GYM partial squats per WB & ROM guidelines                                      |                              |        |                        |  |                      |  |  |  |
|   |  |               |                | CLOSED KINETIC CHAIN EX per WB & ROM guidelines                                       |                              |        |                        |  |                      |  |  |  |
|   |  |               |                | HEEL RAISES & SOLEUS  |                              |        |                        |  |                      |  |  |  |
|   |  |               |                | LEG PRESS (double leg.....progress to single leg)                                     |                              |        |                        |  |                      |  |  |  |
|   | TREADMILL WALKING  |               |                |   |                              |        |                        |  |                      |  |  |  |
|   | DYNAMIC BALANCE EX   |               |                |   |                              |        |                        |  |                      |  |  |  |
|   | <b>AVOID DEEP SQUATS &amp; KNEELING FOR 4-5 MONTHS</b>   |               |                |   |                              |        |                        |  |                      |  |  |  |
|   | <b>ANY QUESTIONS? PLEASE CONTACT:</b>  |               |                |   |                              |        |                        |  |                      |  |  |  |
| <b>NORTHWOODS THERAPY ASSOCIATES</b>                                      |  |               |                |   |                              |        | RESISTED<br>AMBULATION | Advance<br>Open/closed<br>Chain activity |                      |  |  |  |
| Altoona, WI                      Chippewa Falls, WI                       |  |               |                |   |                              |        | STAIRMASTER            |  |                      |  |  |  |
| 715-839-9266                      715-723-5060                            |  |               |                |   |                              |        | Elliptical             | SWIMMING                                 |                      |  |  |  |
| Reviewed September 2015   |  |               |                |   |                              |        |                        |  |                      |  |  |  |

