



BONE TUNNEL GRAFTING (AFTER ACL RE-TEAR) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Accessory Procedure: Circle if applicable

***Associated osseous procedure (circled if applicable):

Lysis of Adhesions (LOA) with Manipulation Under Anesthesia (MUA)

____ Evaluate and Treat – no open chain or isokinetic exercises

____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

____ **Phase I (1-2 weeks)***: Initial recovery**

- **Weight bearing** as tolerated without assist by 48 hours post-op.
- **ROM:** Progress through passive, active and active-assisted ROM as tolerated.
 - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks.
- Patellar mobilization daily.
- **Strengthening:** quad sets, SLRs, heel slides, etc. No restrictions to ankle/hip strengthening.

*** If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hours per day x 6 weeks.

____ **Phase II (2-6 weeks): Advance ROM and strengthening.**

- **ROM:** Continue with daily ROM exercises.
 - Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated.
- **Strengthening:**
 - Begin and advance closed chain strengthening to full motion arc.
 - Add pulley weights, theraband, and other modalities as per PT discretion.
 - Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
 - Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
 - Monitor for anterior knee symptoms, modulating exercises as necessary..

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By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____

