



ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION WITH HAMSTRING AUTOGRAFT

Patient Name: _____ Date of Surgery: _____

Procedure: Right/Left ACL Reconstruction with Hamstring Allograft

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair

____ Evaluate and Treat – no open chain or isokinetic exercises

____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-4 weeks):**

- **Weight Bearing:** As tolerated with crutches.
- **Brace:** 0-1 week: Locked in full extension for ambulation and sleeping.
1-4 weeks: Unlocked for ambulation, remove for sleeping.**
- **ROM:** As tolerated.
- **Exercises:** Heel slides, quad/hamstring sets, patellar mobs, gastroc/soleus stretch.
SLR w/ brace in full extension until quad strength prevents extension lag.

_____ **Phase II (4-12 weeks):**

- **Weight Bearing:** Full, progressing to normal gait pattern.
- **Brace:** Discontinue at day 28 if patient has no extension lag.
- **ROM:** Main full extension and progressive flexion.
- **Exercises:** Progress Phase I
Begin toe raises, closed chain quads, balance exercises, hamstring curls, stationary bike, step-ups, front and side planks, hip/glute/core, pool.

_____ **Phase III (12-16 weeks):**

- **Weight Bearing:** Full, without use of crutches and with a normalized gait pattern.
- **Brace:** None.
- **ROM:** Gain full and pain-free.
- **Exercises:** Advance closed chain strengthening, progress proprioception activities.
Begin stairmaster, elliptical and running straight ahead.

_____ **Phase IV (16-24 weeks):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full and pain-free.
- **Exercises: 16 weeks:** Begin jumping.

20 weeks: Advance running to sprinting, backward running, cutting/pivoting/changing direction; initiate plyometric program and sport-specific drills.

22 weeks: Advance as tolerated FSA completed at 22 wks***

_____ **Phase V (>6 months):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full and pain-free.
- **Exercises:** Gradual return to sports participation after completion of FSA.

Maintenance program based on FSA.

*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

**Brace may be removed for sleeping after first post-operative visit (day 7-10)

***Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at approx 22 wks post-op for competitive athletes returning to play after rehab

NOTE: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:

- WBAT with brace limited to 0-90 degrees x 4 weeks
- Limit ROM 0-90 degrees x 4 weeks
- No tibial rotation x 4 weeks

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: _____