



Amit Momaya, MD

Orthopedic Surgeon, Chief of Sports Medicine Team Physician for UAB, Legion FC, and Bulls Hockey Highlands Appointments: 205.930.8339 MomayaMD.com

PATIENT NAME:

PROCEDURE:

DATE OF SURGERY:

PHYSICAL THERAPY ORDER - Anterior Cruciate Ligament Revision Reconstruction

Phase I: 0-2 weeks

- Edema and pain control
- Weight bearing status: WBAT with brace locked in extension and crutches
- ROM: as tolerated
- Brace: 0-90 degrees except when weight bearing; locked in extension while sleeping
- Exercises: heel slides, patellar mobs, gastroc/soleus stretch, calf pumps

Phase II: 2-6 weeks

- WB status:
 - o 2-4 weeks -- WBAT in brace unlocked 0-90 deg
 - o 4-6 weeks -- full WB with brace unlocked
- ROM: maintain full extension and progress flexion
- Brace: unlocked except when weight bearing as above
- Exercises: Phase I + toe raises, balance exercises, stationary bike, hip/glutes/core

Phase III: 6-12 weeks

- WB status: Full without brace
- ROM: progress towards full
- Brace: wean off (transition to ACL functional brace)
- Exercise: Phase II + close chain quads, hamstring curls, step-ups, front/side planks

Phase IV: 3-12 months

- WB status: full without brace
- ROM: full
- Brace: ACL functional brace
- Exercise: Phase III + advance closed chain exercises, progressive proprioception exercises, stairmaster, elliptical,
 - o 6 months: begin jumping and jogging straight ahead
 - 9-12 months: slowly advance running to sprinting, backward running, controlled cutting/pivoting/changing direction, initiate plyometric program and sport specific drills; heavy focus on proprioception and reactive exercises
- 9, 12, 15 mo: strength evaluation; continue return to play program and ACL prevention exercises

Phase V: 12-18 mo -- Slow return to sports