

ACL Reconstruction with Quad Tendon Autograft Protocol
Dr. Hultman

Time Frame	Treatment	Goals
Post-Op Day	<ul style="list-style-type: none"> -Removal of dressings, change if needed. -Cryotherapy and education in signs of infection -Patient NWB -HEP: quad sets, heel slides, SLR x 4, patellar mobilizations 	<ul style="list-style-type: none"> -Independent with conservative management, HEP, and cryotherapy -Pain management
Phase I 0-6 weeks	<ul style="list-style-type: none"> -WBAT locked in extension x 2 weeks, may unlock once SLR with no lag and full extension, long hinged brace x 6 weeks -ROM goals: Full ROM by week 6 -Biking may begin once ROM allows with brace on -Progress with proprioception, balance, and weight bearing exercises as tolerated by quad strength -Normal gait by 6 weeks 	<ul style="list-style-type: none"> -Protection of the knee -ROM goals as listed -Manage effusion -Avoid/limit atrophy -Ensure full active extension
Phase II 6-12 weeks	<ul style="list-style-type: none"> -Discontinue long hinged brace at 6 weeks per good quad control -Progress with balance and strengthening avoiding impact activity -Advance proprioceptive exercises when good strength and control is achieved -Avoid loading the knee past 90° -May measure for functional ACL brace when quad girth returns 	<ul style="list-style-type: none"> -Protect ACL graft (at its weakest weeks 4-12) -Avoid favoring the limb -Full AROM and strength 5/5
Phase III 12+ weeks	<ul style="list-style-type: none"> -May begin impact activities at 12 weeks with MD permission -Normalize movement patterns and strength in all planes -Advance with core strength and sport specific exercises as tolerated with MD clearance -Normal movement patterns and no antalgia noted with functional exercises before clearing for return to activity -Functional return to play testing and/or isokinetic testing between 6-9 months as ordered by MD 	<ul style="list-style-type: none"> -Normalize movement patterns in all directions -Build neuromuscular control and confidence in the limb for return to sport/work

Post-Op ACL Functional Return to Sport Testing

Name: _____

Date: _____

Limb Girth: Involved: 6" proximal: _____
3" proximal: _____
Suprapatellar: _____

Uninvolved: 6" proximal: _____
3" proximal: _____
Suprapatellar: _____

Hop Testing:

1. Single broad jump, landing on one foot – *Involved/Uninvolved Distance* = ____ / ____ = ____
2. Triple broad jump, landing last jump on one foot – *Involved/Uninvolved Distance* = ____ / ____ = ____
3. Single leg forward hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
4. Single leg triple hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
5. Single leg triple crossover hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
6. Timed 6-meter single leg hop – *Involved/Uninvolved Time* = ____ / ____ = ____
7. Single leg lateral hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
8. Single leg medial hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
9. Single leg medial rotating hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
10. Single leg lateral rotating hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
11. Single leg vertical hop – *Involved/Uninvolved Distance* = ____ / ____ = ____
12. 10 yard Pro-agility Run
-Both directions
-Must perform at perceived full speed and not display hesitation or compensation strategies
-Recommended goal for males: 4.5-6.0 seconds; females: 5.2-6.5 seconds

Criteria for Return to Practice:

1. MD clearance
2. Pass Return to Sport Test with $\geq 90\%$ results on each test
3. Limb Girth $\geq 80\%$ of the uninvolved limb

Return to Competition

1. Tolerates full practice with contact and 100% effort with no pain, effusion, or favoring