Adam Lindsay, MD, M.S.

Shoulder Arthroplasty, Sports Medicine, Orthopedic Trauma

Surgery
TheCenterOregon.com/Lindsay
www.lindsaysportsmed.com/

(P) - 541.382.2233





Physical Therapy Prescription – ACL Reconstruction with Patellar Tendon Autograft Based on MOON Protocol

PHASE 0: Pre- operative goals (i.e. Pre-hab)

- Normal Gait
- AROM 0-120 degrees
- Strength: 20 SLR with no lag.
- Minimal Effusion
- Patient Education on Post op exercises with a stress on compliance and importance
- Education on ambulation with crutches and safe stair use
- Wound care instructions
 - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.
- Educated in follow-up (also provided in packet): 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

PHASE I (Weeks 0-4):

Goals: Period of protection, decrease edema, activate quadriceps

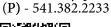
- Weightbearing: As tolerated with crutches, with goal of discontinuing crutches by 10 days (may be modified if meniscus repair/transplant or articular cartilage surgery performed at time of ACLR, please see attached op note)
 - o Crutch D/C criterion:
 - i. Normal gait pattern.
 - ii. Able to safely ascend and descend stairs with no noteworthy pain or instability.
 - Hinged Knee Brace:
 - Locked in full extension for ambulation and sleeping (weeks 0-4)
 - i. Only unlock when cleared by practice
- Range of Motion: AAROM → AROM as tolerated
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, heel slides, non-weightbearing Gastroc/Soleus stretching, straight-leg raises with brace in full extension until quad strength prevents extension lag (MOON protocol for recommended exercises)
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 4 – 6)

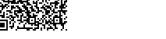
- Weightbearing: As tolerated, unassisted
- Hinged Knee Brace: Discontinue once full extension achieved with no evidence of extension lag
- Range of Motion: Maintain full knee extension, work on progressive knee flexion
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, progress to weightbearing Gastroc/Soleus stretch
 - Begin use of the stationary bicycle
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

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Phase III (Weeks 6 - 16)

Range of Motion: Full, painless

• Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities

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CARE & RESEARCH

- Begin use of the Stairmaster/Elliptical at 8 weeks
- Straight ahead running permitted at 12 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 - 24): Gradual return to athletic activity

16 weeks: begin jumping

• 20 weeks: advance to sprinting, backward running, cutting/pivoting/changing direction

24 weeks: consider functional sports assessment

Phase V (>6 months): Gradual return to athletic activity

• Gradual return to sports participation after completion of functional sports assessment

Encourage maintenance program based off functional sports assessment