

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

Name: _____

Date of Surgery: _____

Procedure: R / L ACLR with patellar tendon autograft

Frequency: 2-3 times per week for _____ weeks

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)
 - **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)

Phase III (Weeks 6 – 16)

- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance closed chain strengthening exercises and proprioception activities

- 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

Signature: _____

Date: _____