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ACL Reconstruction - Bone-Patellar Tendon-Bone (BTB) Protocol - Allograft

NameToday's Date	e
Diagnosis Surgery Date	e
Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks	Side: R / L
☐ Evaluate only ☐ Provide home exercise program (HEP)	
☐ Evaluate and Treat	
 PHASE 1: Period of protection; Weeks 0 - 4 Range-of-motion as tolerated; Obtain full extension Weight-bearing as tolerated with crutches* Brace locked in extension while ambulating and sleeping (0 - 10 days) Brace unlocked while ambulating and off while sleeping (10 - 28 days)** 	Patellar mobs, SLR with brace locked in extension until no extensor lag, heel slides, quad/hamstring sets, NWB heel cord stretch, ankle pumps
 PHASE 2: Weeks 4 - 6 Weight-bearing as tolerated, wean off crutches Discontinue brace once full extension and no extensor lag Progress to full flexion 	Stationary bike, closed-chain extension, toe raises, progress to WB heel cord stretch, hamstring curls, begin core wor
 PHASE 3: Weeks 6 - 12 Full weight-bearing without crutches, full motion Normal gait 	Advance closed-chain strengthening, squats, leg press, lunge, progress proprioception, StairMaster, NordicTraccontinue core strengthening
 PHASE 4: Weeks 12 - 26 Full weight-bearing without crutches, full motion Normal gait 	Begin straight-line running (forward, backward), begin plyometric program, may begin cutting and sport-specific training if MD cleared
 PHASE 5: Beyond 6 months Gradual return to competitive sport Maintenance strengthening, flexibility 	Sport-specific training, maintenance strengthening for core, hip abduction, hip extension, quads, hamstring, gastro flexibility, plyometrics, proprioception
Comments:	nexisinty, pryometries, proprioception
Modalities: Per therapist Electrical Stimulation Ultrasound Heat before/aft Aquatherapy Massage Trigger points ART (Active release techniques) Other	
Signature	Date

^{*}Modified if concurrent meniscus repair, meniscus transplantation, articular cartilage repair, and/or osteotomy

^{**}May discontinue brace after 10 days if good quad control while ambulating, with full extension, no extensor lag