ACCELERATED SPORTS ACL PROTOCOL

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1-3 Days: 1. Cryo-Cuff on, CPM on Ward, off only in PT

 2. PROM exercises in PT BID

 -extension to 0 degrees (full ext)

 - flexion to 90 degrees

 3. SLR, quad isometrics, calf pumps. (may use E-Stim)

 4. Knee in immobilizer, crutches WB as tolerated

 5. Patellar mobilizations

3rd Day: 1.D/C from hospital, Continue all of the above

7-10 Days: 1.Cryo-Cuff, knee immobilizer when amb.

 2. Emphasize, terminal extension to 0 degrees (full ext)

 -prone hangs, towel ext. stretches, passive stretch

 3. Wall slides, heel slides, AAROM for flexion to 90 degrees

 4. By 8th day, start step-ups, calf raise, Stairmaster 4000

2-3 Weeks: 1. ROM now 0-100 degrees, if not at this point, work on this!!!

 2. Progress to FWB

 3. Unilateral knee bends, step-ups, calf raises, leg presses

 4. Stairmaster A4000, 25% squats, calf raise in squat-rack, bike

5. Swimming for ROM and strength

 6. Walk with Normal gait pattern (heel-toe) Emphasize this!!!

5-6 Weeks: 1. ROM 0-130 degrees. Work on this if not there!!!

 2. Strength test on KT 1000, if adequate then:

-lateral shuffle, Euro-glide, carioca, jump rope

-gym activities, (quad& hams), bike, swim

3. SATID –specific adaptation to increase demands, sport specific activities.

6-8Weeks: 1.Isokinetics/Cybex

12th Week: 2.Full ROM-Continue all of the above. Test on KT 1000

 3. Patient may start jogging program. Cont. w/SATID’s

16th Week: 1. Test on KT 1000. Cybex/Orthotron Work

 2. Brace recommended for running

 3. Gradual return to sporting activities

 4. Strength on Cybex should be 70-75% by now

20-26th Week: 1. Continue SATID’s, Isotonic, Isokinetic, Eccentric,Ex’s

2. Running independently, Gait normal

 3. Cybex strength= 80-85% by now

 4. If no problems, then D/C pt to full duty