

# ACL B-PT-B Allograft Reconstruction/Medial Mensical Transplant

Name: \_\_\_\_\_

Dr: Jonathan Frank, M.D.

Date: \_\_\_\_\_

●= Do exercise for that week

Week

## ROM RESTRICTIONS

Full PROM

## BRACE SETTINGS

Open brace when tolerated (good quad control)

## Weight Bearing status

NWB x 6 weeks

## TIME LINES

Week 1(1-7POD)  
Week 2(8-14POD)  
Week 3(15-21POD)  
Week 4(22-28POD)

Initial Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension – Wallslides	●	●	●	●	●	●	●	●	●	●	●			
Flexion/Ext – Seated	●	●	●	●	●	●	●	●	●	●	●			
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring sets							●	●	●	●	●	●	●	●
Sit and reach for hamstrings (no hypertext)					●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Crutch weaning							●	●	●					
Toe and heel raises								●	●	●				
Balance series										●	●	●	●	●
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike with both legs – no resistance							●	●	●					
Bike with both legs - resistance									●	●	●	●	●	●
Aquajogging											●	●	●	●
Treadmill – walking 7% incline											●	●	●	●
Swimming with fins – light flutter kick											●	●	●	●
Elliptical trainer											●	●	●	●
Rowing											●	●	●	●
Stair stepper											●	●	●	●
Weight Bearing Strength	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends								●	●	●	●	●	●	
Double leg bridges								●	●	●				
Reverse lunge – static holds										●				
Beginning cord exercises										●	●			
Balance squats											●	●	●	●
Single leg deadlift											●	●	●	●
Leg press to max. 70° knee flexion							●	●	●	●	●	●	●	●
Sports Test exercises													●	●
Agility Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression														●
Initial – single plane														●
Advance – multi directional													●	●
Functional sports test														●
High Level Activities	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf progression														●
Outdoor biking, hiking, snowshoeing														●
Skiing, basketball, tennis, football, soccer after 7-9 months														●

Therapist Name: \_\_\_\_\_