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Name:	Date:
Procedure: R / L	Date of Surgery:
Frequency: 2-3 times per week for week	S
PHASE I (Weeks 0 – 4): Period of protection, decrease	edema, activate quadriceps
Weightbearing: Full in brace	
Hinged Knee Brace:  We also 2.4 to be added in full contamping for	and define and describe (name of a DT)
<ul> <li>Weeks 0-1: Locked in full extension for</li> <li>Weeks 1-4: Unlock for ambulation. Ren</li> </ul>	, ,
Range of Motion: As Tolerated	nove for dicepting
	obs, gastroc/soleus stretch. SLR with brace in full n lag. Side lying hip/core. Hamstring avoidance until 6
Modalities: Per therapist, including electrical sti	mulation, ultrasound, heat (before), ice (after)
Phase II (Weeks 4 – 12)	
Weightbearing: As tolerated	
<ul> <li>Hinged Knee Brace: Discontinue completely at</li> <li>Range of Motion: Full</li> </ul>	week 4 if good quad control
<ul> <li>Therapeutic Exercises: Begin toe raises, close stationary bike, step-ups, front and side planks;</li> </ul>	ed chain quads, balance exercises, hamstring curls, advance hip/core
Modalities: Per therapist, including electrical sti	
Phase III (Weeks 12 – 16)	
<ul> <li>Advance closed chain strengthening. Progress running straight ahead at 12 weeks.</li> </ul>	proprioception activities. Begin stairmaster, elliptical and

## **Phase IV (Weeks 16 – 24)**

Begin jumping at 16 weeks; advance to sprinting, cutting, and pivoting at 20 weeks. Initiate plyometric program and sport specific drills.

## 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
- Return to sport-specific activity and impact when cleared by MD at 6+ months postop

•	Signature:	Date:
	ignature:	Date: