

Weeks four to eight	Weeks eight to discharge
Evaluate	Evaluate
Gait and brace needs Quad Contraction ROM Balance	Patella mobility / crepitus Any excessive joint laxity Isokinetic Strength test and/or Functional Movement Screen based on physician's preference Address any deficits that may limit return to work or sport goals HEP compliance
Patient Education	
May wean from brace	
Therapeutic Exercise	Therapeutic Exercise
Progress to squatting, lunging, step-up activities as appropriate Single leg isotonic exercises Single leg dynamic balance activity Progress to closed chain exercises in multiple planes and on unstable surfaces Include abdominal and glut strengthening, typical emphasis is prevention of medial column collapse	Encourage participation in the CFA Cardiovascular training (bike, swim and elliptical) Begin agility and sport specific activity with physician approval Return to running (12 weeks post-op) with physician approval Return to sport (12 weeks post-op) with physician approval
Manual Techniques	
Any techniques as needed	
Modalities	
Any as Indicated	
Goals	Goals
4+/5 strength with manual testing No effusion No notable deficits with Functional Movement Screen Normal ROM and gait without assistive device No pain with ADL's	Full strength with manual testing Discharge with full return to work or sport activity orders