Progressive WBAT as quad control allows (good quad set/ability to SLR without pain or lag). May use crutches/cane if needed

Aquatic therapy if available - pool ambulation or underwater treadmill

D/Carutches or cane when gait is non-antalgic

AAROM exercises

Patellar mobilization

SLRs in all planes with weights

Proximal PREs

Neuromuscular training (bilateral to unilateral support)

Balance apparatus, foam surface, perturbations

Short crank stationary bike

Standard stationary bike (when knee ROM >115)

Leg press - bilateral/eccentric/unilateral progression

Squat program (PRE) 0-60deg

Open chain quad isotonics (pain free arc of motion)

Initiate step-up and step-down programs

Stairmaster

Retrograde treadmill ambulation

Quad stretching

Bliptical machine

Forward Step-Down Test

Upper extremity cardiovascular exercises as tolerated

Cryotherapy

Emphasize patient compliance to HEP

ROM to WNL

Ability to descend 8-inch stairs with good leg control w/o pain Add water exercises if desired (and all incisions are dosed and sutures out)

Demonstrate ability to run pain-free

Maximize strength and flexibility as to meet demands of ADL

Hop test >85% limb symmetry

Isokinetic test >85% limb symmetry

Lack of apprehension with sport-specific movements

Hexibility to accepted levels of sport performance

Independence with gym program for maintenance and progression of therapeutic exercise program at discharge