

ACL Reconstruction Surgery

-Patient Return to Play Checklist-

Clip this checklist to the patient chart and upon completion, insert in file.

Patient's Name: _____

Medical Record Number: _____

Date of Birth: ____/____/____

(Apply patient sticker over header if available)

Date of Surgery: ____/____/____

Post-operative anterior cruciate return-to-play protocol:

- Patient's graft incorporation and graft strength has been considered
- Patient's functional range of motion is restored
- Patient has a stable knee with no pivot
- Functional return of patient's core, hip, quadriceps and hamstring strength has occurred, as determined by clinician discretion (can be measured by a variety of methods)
- Patient's functional balance restored
- Patient attests or surgeon observes functional skills are performed adequately
- Patient is confident that they are ready to return to sport of interest
- Patient has been advised to participate in an ongoing ACL-prevention/movement-retraining program

Clinician Signature: _____

Date/Time: _____