

## OrthoBethesda Therapy Services

### ACL Return-to-Sport Appropriateness Checklist

**Involved side** (check one):

L:

R:

- No effusion
- Full knee ROM
- Normal patellar mobility
- No or only slight patellar crepitus
- No pain or swelling with activities

L: \_\_\_\_\_

R: \_\_\_\_\_

Involved side  $\geq$  **90%** uninvolved side for each of the following:

- |                                  |          |          |          |
|----------------------------------|----------|----------|----------|
| 1. Hamstrings isometric strength | %: _____ | L: _____ | R: _____ |
| 2. Quadriceps isometric strength | %: _____ | L: _____ | R: _____ |
| 3. 2RM Leg Press                 | %: _____ | L: _____ | R: _____ |
| 4. Single leg hop for distance   | %: _____ | L: _____ | R: _____ |
| 5. Triple hop for distance       | %: _____ | L: _____ | R: _____ |
| 6. Crossover hop for distance    | %: _____ | L: _____ | R: _____ |
| 7. 6 meter timed hop             | %: _____ | L: _____ | R: _____ |
| 8. Global Rating Scale           | %: _____ |          |          |
| 9. Knee Outcome Survey – ADL's   | %: _____ |          |          |

Note: Hopping should not begin until:

- > 12 weeks post-op (> 16 weeks post-op if prior ACL surgery)
- Knee effusion: < 1+
- Quadriceps strength: > 80%
- Full knee ROM
- Pain-free hopping
- Normal gait

### **1. Hamstrings isometric strength**

- Measure using a handheld dynamometer placed over the distal  $\frac{1}{3}$  of the posterior leg
- Perform in seated position at 90° of knee flexion
- Instruct the patient to push into the dynamometer with as much force as possible while the therapist pushes back with equal resistance
- Record the higher of two trials. If trials differ by >10%, perform a third trial
- Perform on the unaffected side first

### **2. Quadriceps isometric strength**

- Measure using a handheld dynamometer placed over the distal  $\frac{1}{3}$  of the anterior leg
- Perform in seated position at 90° of knee flexion
- Instruct the patient to push into the dynamometer with as much force as possible while the therapist pushes back with equal resistance
- Record the higher of two trials. If trials differ by >10%, perform a third trial
- Perform on the unaffected side first

### **3. 2RM Leg Press**

- Adjust the leg press machine to allow for a 90/90 starting position
- Warm up with 5-7 reps using ~50-70% 2RM load
- Wait 2 minutes, then perform 2-4 repetitions using ~80-90% 2RM load
- Wait 2-4 minutes, then attempt 2RM using 100% 2RM load
  - If weight needs to be adjusted, wait 2-4 minutes, adjust the load and retry
- Perform on the unaffected side first

### **4. Single leg hop for distance**

- Hop as far forward on one foot as possible
- Perform twice per leg. Average of both trials calculated
  - If trials differ by >10%, perform a third trial and average the closest two
- Perform on the unaffected side first

### **5. Triple hop for distance**

- Perform 3 consecutive forward hops on one foot, for maximum distance
- Perform twice per leg. Average of both trials is calculated
  - If trials differ by >10%, perform a third trial and average the closest two
- Perform on the unaffected side first

## **6. Crossover hop for distance**

- The center marking strip should be 15 cm wide
- Perform 3 consecutive forward hops on one foot, for maximum distance
- Cross over the center marking strip with each hop
- Perform twice per leg. Average of both trials is calculated
  - If trials differ by >10%, perform a third trial and average the closest two
- Perform on the unaffected side first

## **7. 6 meter timed hop**

- Measure out a distance of 6 meters
- Instruct the patient to hop forward past the 6-meter marking as quickly as possible
- Perform twice per leg. Average of both trials is calculated
  - If trials differ by >10%, perform a third trial and average the closest two
- Perform on the unaffected side first

## **8. Global Rating Scale**

- One single question
- "Rate your perceived level of knee function on a scale from 0% to 100%"
  - Lower numbers represent poorer function, while 100 indicates the ability to perform all preinjury activities, including sports, without limitation
  - *Administered after the completion of the hop testing to allow patients to better perceive their functional status*

## **9. Knee Outcome Survey – ADL's**

- See next page
- *Administered after the completion of the hop testing to allow patients to better perceive their functional status*

## Knee Outcome Survey Activities of Daily Living Scale (ADLS)

The Knee Outcome Survey is a patient self-report survey that includes an Activities of Daily Living Scale (ADLS) and a Sports Activity Scale (SAS). The ADLS is a 14 item scale that queries patients about how their knee symptoms effect their ability to perform general daily activities (6 items) as well as how their knee condition effects their ability to perform specific functional tasks (8 items). Each item is scored 0-5 with 5 indicating “no difficulty” and 0 representing “unable to perform”. The highest possible score is 70. The scores of all items are summed, divided by 70, then multiplied by 100 to give an overall ADLS percent rating. Higher percentages reflect higher levels of functional ability. This scale would be appropriate for patients who either do not participate in sports or recreational activities or for those who have not yet progressed to performing these activities.

### **Symptoms: To what degree does each of the following symptoms affect your level of activity?**

(check one answer on each line)

	I do not have the symptom (0)	I have the symptom, but it does not affect my activity (1)	The symptom affects my activity slightly (2)	The symptom affects my activity moderately (3)	The symptom affects my activity severely (4)	The symptom prevents me from all daily activity (5)
1) Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Giving way, buckling, or shifting of the knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Limping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms Subtotal: \_\_\_\_\_ pts

**Functional Limitations With Activities of Daily Living: How does your knee affect your ability to:**

(check one answer on each line)

	Activity is not difficult (0)	Activity is minimally difficult (1)	Activity is somewhat difficult (2)	Activity is fairly difficult (3)	Activity is very difficult (4)	I am unable to do the activity (5)
1) Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Go up stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Go down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Kneel on front of your knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Sit with your knee bent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Rise from a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Functional Limitations Subtotal: \_\_\_\_\_ pts

Total score: \_\_\_\_\_ pts / 70 pts (x 100%) = \_\_\_\_\_%