Progressive WBAT as guad control allows (good guad set/ability to SLR without pain or lag). May use crutches/ cane if needed Aquatic therapy if available - pool ambulation or underwater treadmill D/Corutches 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 Rexibility to accepted levels of sport performance Independence with gym program for maintenance and progression of therapeutic exercise program at discharge