ACL RECONSTRUCTION RETURN TO SPORT TESTING FORM

Dr. Chad Broering

| Patient | | Test Date: | | | | | | | | | |
|--|--|--|-----------------------|-----------------------------------|-------------------------|---|---------|--------------|-----------------------|-------------|----------|
| Diagnos | sis/Surgery: | | | | Date of Injury/Surgery: | | | | | | |
| Please r My over My cont | Psychological Re rate your confid rall confidence fidence to play | lence to retu to play is _ without pai | urn to yo n is | our sport on | a scale from 0 - | - 100 (100 = | complet | e confidence | 2) | | |
| My con My con | fidence to give fidence to not fidence in the i fidence in my s | concentrate njured body | on the i part to | njury is handle to de | mands of the s | ituation is _ | | | | | |
| Add tot Lateral | al and divide by Dip (60 second / 12" Pain | s) | (Pass: >8 | 30) | | Eccentric B | ox Drop | with Vertic | al Jump (3 rep | etitions) | |
| · · · · · · · · · · · · · · · · · · · | | | | | | Box 8" / 12" Pain: / 10 | | | | | |
| Un | -involved | Involve | Involved | | | Jump 1 | | Jump 2 | | Jump 3 | |
| Eccentric Control:Poor Fair Good Valgus Control: Poor Fair Criteria Met: Yes / No Comments: | | | | Good | | PASS / FAILPASS / FAILPASS / FAEccentric Control:PoorFairGoodValgus Control:PoorFairGoodCriteria Met:Yes / No | | | | PASS / FAII | <u>L</u> |
| Single, | Triple and Cros SINGI | - | Test | Brace: Yes / No Pain: / 10 TRIPLE | | | | CROSS-OVER | | | |
| Attempt | Un-Involved | Involved | LSI | Attempt | Un-Involved | Involved | LSI | Attempt | Un-Involved | Involved | LSI |
| 1 | | | X | 1 | | | Х | 1 | | | Х |
| 2 | | | х | 2 | | | х | 2 | | | Х |
| 3 | | | Х | 3 | | | Х | 3 | | | X |
| Total | | | | Total | | | | Total | | | |
| Eccentri Valgus (Criteria Comme | Met: | Fair Poor Yes / No | Good Fair | Good | | | | | | | |
| | Specific (select uffle PASS PASS g PASS idal PASS ting PASS | as appropria / FAIL / FAIL / FAIL / FAIL / FAIL / FAIL | ate) | | | | | | | | _ |

Overall: PASS / FAIL

Therapist Signature

PRRS (Psychological Readiness for Return to Sport)

Scores between 50 and 60 suggest the athlete is psychologically ready to return to sports. Scores below 50 suggest that the athlete may not be ready psychologically to return to sports and needs more time to recover. Goal >80 for RTS.

Lateral Dip

The patient is to perform lateral dip off of an 8, 12 or 18" inch step lowering the non-weighted heel towards the ground while maintaining core and knee control. These will be performed for a 60 second time period. The height of the plyometric box is determined by the provider while considering the goals and height of the patient.

Criteria: 1) Knee flexion angle between 30° and 60°

- 2) No loss of core control, knee control or valgus alignment
- 3) Knee doesn't go beyond the toes
- 4) Able to maintain upright trunk

5) Scoring is based on limb symmetry index (LSI), number of repetitions on the involved/uninvolved. Passing score is ≥90%.

Eccentric Box Drop with Vertical Jump

The patient is to "fall"/step forward off of an 8 or 12 inch plyometric box landing with both feet flat; immediately execute a maximal effort vertical jump, landing in a squat position. The height of the plyometric box is determined by the provider while considering the goals and height of the patient.

Criteria: 1) Knee flexion angle greater than 30° upon landing

- 2) Demonstrates excellent sagittal and frontal plane control
- 3) Knee doesn't go beyond toes in squat position
- 4) Able to maintain equal weight distribution and demonstrates lack of compensation upon takeoff and landing.

Single Hop Test for Distance

The patient is to jump as far forward off of one leg and land on the same leg. The patient will alternate one jump per side for a total of three jumps per side. The measure will be from the take-off toe to the landing heel. Passing score is LSI \geq 90%.

Criteria: 1) Able to perform hop and landing without dynamic knee valgus

- 2) Able to maintain upright trunk during knee flexion
- 3) Landing must be held for three seconds without touching the other extremities to the ground or using an additional hop
- for balance to be considered a successful jump.

Triple Hop Test for Distance

The patient is to jump as far forward for three consecutive jumps off of one leg and land on the same leg. The first and second landings should be with a pause on ground contact. The patient will alternate one series per side for a total of three jumps per side. The measure will be from the take-off toe to the landing heel (of final landing). Passing score is LSI \geq 90%.

Criteria: 1) Able to perform repetitions without dynamic knee valgus

2) Able to maintain upright trunk during knee flexion

3) The final landing must be held for three seconds without touching the other extremities to the ground, or using an

additional hop for balance to be considered a successful jump.

Cross Over Hop Test for Distance

The patient is to jump as far forward for three consecutive jumps off of one leg and land on the same leg, crossing over a 6 inch wide line. The patient will begin the jump with the line on the lateral aspect of their foot. The patient will alternate one series per side for a total of three jumps per side. The measure will be from the take-off toe to the landing heel (of final landing). Passing score is LSI \geq 90%.

Criteria: 1) Able to perform repetitions without dynamic knee valgus

2) Able to maintain upright trunk during knee flexion

3) The final landing must be held for three seconds without touching the other extremities to the ground or using an additional hop for balance to be considered a successful jump.

Sports Specific Drills

These drills are listed on the test and check the patient's form, quickness, power, and apprehension. Select the drills that are appropriate for the patient's level and sport. Drills should be done in a 10 yard distance and completed without the brace. If no visualized limb asymmetry during the drill, patient passes the drill.

TO PASS THE TEST:

The patient must pass each preceding section of the test prior to attempting the next section. A failure in any section of the test results in a failure of the test. Poor or fair valgus control of both lower extremities should result in the provider educating the patient regarding their risk of (re)injury and highlighting the activities to help with this control.