

ROTHMAN INSTITUTE RETURN TO PLAY CHECKLIST AFTER ACL RECONSTRUCTION

Name:	Date:
DOB/Age:	Evaluator:
Date of Surgery:	Graft:
Months Post-Op:	<input type="checkbox"/> BTB Auto <input type="checkbox"/> HS Auto <input type="checkbox"/> Allograft
<input type="checkbox"/> 5mo <input type="checkbox"/> 6mo <input type="checkbox"/> 7mo <input type="checkbox"/> 8mo <input type="checkbox"/> 9mo	Other:
Other: _____	Affected Side: <input type="checkbox"/> Right <input type="checkbox"/> Left

PHYSICAL EXAM

Effusion	Range-of-Motion	Lachman	Thigh Circumference
<input type="checkbox"/> None	<input type="checkbox"/> Full Extension	<input type="checkbox"/> Negative	Right (cm)
<input type="checkbox"/> Trace	<input type="checkbox"/> Lack of $\leq 5^\circ$	<input type="checkbox"/> 1+	Left (cm)
<input type="checkbox"/> Mild	<input type="checkbox"/> Lack of $\geq 10^\circ$	<input type="checkbox"/> 2+	Difference (cm)
<input type="checkbox"/> Moderate	<input type="checkbox"/> Full Flexion		
	<input type="checkbox"/> Lack of $\leq 5^\circ$		
	<input type="checkbox"/> Lack of $\geq 10^\circ$		

IKDC Subjective Knee Evaluation

TOTAL: _____

FUNCTIONAL MOVEMENT SCREEN

Composite Score: _____

HOP TESTS

	Limb Symmetry Index
Single Hop	
Timed Hop	
Triple Hop	
Cross-over Hop	

PRO AGILITY

Uninvolved side (sec) _____

Involved side (sec) _____

Difference (%) _____

CRITERIA FOR RETURN TO PLAY

- No or minimal effusion, full ROM, no instability Pass Fail
- Thigh circumference < 1.5cm difference Pass Fail
- IKDC $\geq 90\%$ Pass Fail
- FMS ≥ 14 Pass Fail
- LSI $\geq 90\%$ for all hop tests Pass Fail
- Pro agility $\geq 90\%$ Pass Fail