ACL Expertise 🔒 +

All physical therapy is not the same and this is *especially* true when it comes to ACLr rehabilitation. Nevada Physical Therapy literally wrote the book on ACL rehab and our protocol, currently in its 4th version update to be released in September, has been adopted throughout some of the most prestigious sports medicine institutions in the country.

What makes our protocol elite? Forty-two percent of protocols use time as the ONLY return to sport criteria (Burgi et al. 2019)! Nevada PT has specific, objective progression criteria for every phase of the rehab process; from discharging crutches to returning to running to sport participation, we have clear evidencebased criteria to guide decision making.

Second, after 30 years of working with the region's most elite athletes, our expertise and resources are difficult to match. The importance of this cannot be overstated as current research shows **only** 11-33% of athletes actually meet RTS criteria (Paterno et al., 2018, Welling et al. 2019) compared to >90% of NPT patients. While actually having objective criteria is important, it clearly isn't enough without the expertise needed to get the athletes there. Those who returned to sport *without* meeting criteria had a 3-4x higher re-injury rate! (Krytsis et al. 2016, Grindem et al., 2016)

THREE LOCATIONS TO SERVE OUR COMMUNITY

5255 Longley Lane (South Reno) 775.823.5350 1413 S. Virginia St (Midtown) 775.507.4210 2484 Wingfield Springs Blvd (Spanish Springs) 775.993.3640

> Percentage of athletes who return to *competitive* sports after ACL reconstruction (Ardern et al. 2014)

ACL LAXITY AND OUTCOMES

Nevada Physical Therapy is the *only* sports medicine clinic in Northern Nevada that is able to measure ACL graft laxity. In fact, it is one of our progression criteria. Why does that matter? According to Michel et al. 2022, a "4-mm side-toside difference was the prognostic threshold for failure to return to sports with a positive predictive value of 86% and specificity of 98%" The ability to monitor and adjust programming based on this key metric sets us apart.

"Given the complexity of some of the tests, as well as the necessary equipment... not all outpatient physical therapy facilities are poised to conduct RTS testing. Athletes may need to be sent to specific RTS testing centers that have the equipment and expertise in order to make the determination." - Unverzagt et al., 2021

Nevada Physical Therapy

1413 S Virginia St, Reno, NV





Aspetar clinical practice guideline on rehabilitation after ACLR





Using state-of-the-art force plate testing, we are able to move past conventional strength testing to give us an even better opportunity to help our athletes return to their prior level of competition.

In the above example of an elite baseball player, we are able to measure how quickly he can load a jumping movement. Athletes who have recently undergone ACL reconstruction show slower braking speeds, are more tentative with loading, and our ability to measure this and subsequently optimize it is paramount. Following a customized skill block based on the above findings, he improved his "braking speed" from .61 m/s to nearly double the speed over the course of 2 months. As shown previously, physical therapy as a whole needs to do better when it comes to our ability to get athletes back on the field. Strength testing, if it is even tested, and hop tests are not enough. *"An athlete may have perfect limb symmetry and yet be underprepared to compete because both extremities are much weaker or more poorly controlled than a healthy athlete."- Gokeler, 2017*

What our athletes are saying-

"The best PT clinic out there! After my third ACL replacement I came to Nevada PT to work on my recovery. Dakota was a spectacular therapist and got me into the best shape of my life. The care they offer is far superior to the other physical therapy clinics I used in the past and I couldn't have asked for a better experience!" - Sam S