

ACL Reconstruction Rehabilitation Normal Protocol

This rehabilitation protocol has been designed for patients following ACL reconstruction who anticipate returning to a high level of activity as soon as possible.

This protocol may be modified if the following concomitant procedures are performed:

- Meniscal repair
- Associated MCL or PCL reconstruction
- ACL reconstruction revision
- Articular cartilage damage or Microfracture

The protocol is divided into several phases according to postoperative weeks, and each phase has anticipated goals for the individual patient to reach.

The **overall goals** of the reconstruction and the rehabilitation are to:

- Establish good quadriceps activity
- Control joint pain, swelling, hemarthrosis
- Restore normal knee range of motion
- Restore a normal gait pattern and neuromuscular stability for ambulation
- Restore normal lower extremity strength
- Restore normal proprioception, balance, and coordination for daily activities
- Achieve the highest level of function based on the orthopedic and patient goals

Physical therapy is to begin day 1 post-op. It is extremely important for the supervised rehabilitation to be supplemented by a home exercise program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the knee or surrounding soft tissue
- Abnormal pain response, hypersensitivity
- Abnormal gait pattern, with or without assistive device
- Limited range of motion
- Weakness in the lower extremity musculature (quadriceps, hamstring)
- Extreme pain, tenderness and/or swelling in the calf

Return to activity requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Isokinetic testing and functional evaluations are both methods of determining a patient's readiness to return to activity.

WEEK
1-2
ROM
Patellar mobs
CPM (as directed by MD)
Hamstring stretch (avoid with HS graft)

Gastoc-soleus stretch

Heel slides with towel/Wall slides

May begin stationary bicycle when 105° flexion is reached

(DO NOT use bike/force to increase flex; OK to force ext)

STRENGTH

Quad sets with Biofeedback 10 min (10" holds, 30 reps, 10x daily)

SLR flexion (may add weight if no quad lag present)

Sidelying hip abd/adduction

Multi-hip machine (flex, abd, add)

Bilateral/Single leg press (120-20°) (90-20° if meniscus involved)

Chair squats $(0-90^{\circ})$

Step-ups

Calf Raises

Notes: SLR: Perform quad set and lift 12 in off table, do not progress to functional activity until patient can perform 5' with 5 lbs w/out lag.

WEIGHT BEARING

PWB-FWB

PWB to WBAT according to Dr. Grimshaw

Cone walk (forward only)

WBAT with crutches until quad control is gained

One crutch before FWB with no crutches

Eliminate quad avoidance pattern

BALANCE TRAINING

Weight shifts (side/side, fwd/bkwd)

Single leg balance on various surfaces, ie. air disc, foam pad

Double leg balance on tilt board, wobble board

MODALITIES

Electrical stimulation as needed (NMES, TENS)

Ultrasound/Soft tissue mobs to portals (once incisions are closed)

Ice 15-20 minutes with knee at 0° ext

BRACE

Will be progressively unlocked per MD orders

Remove brace to perform ROM activities at home

- ROM 0-110°
- Restore voluntary muscle activation
- Control pain, inflammation, and effusion
- PWB to FWB as tolerated as determined by Dr. Grimshaw
- Restore full patellar mobility

Phase 2: Week 2-4

WEEK	EXERCISE	GOAL
2-4	ROM	0-125°
	Continue previous	
	Foam roller for ITB/Quad	
	Prone quad stretch	
	Light hamstring stretch at wk 4 (HS graft only)	
	STRENGTH	
	Continue previous	
	Prone hip extension	
	Bilateral leg press (no ROM restrictions)	
	Single leg press	
	Side lying clams	
	Front and Side Lunges	
	Bicycle/EFX	
	WEIGHT BEARING	FWB
	FWB with quad control	
	Discontinue Crutches	
	BALANCE TRAINING	
	Continue previous	
	Progress difficulty from Phase I	
	MODALITIES	
	Continue as needed	
	BRACE	
	Discontinue by week 3-4	
	Measure for functional at week 4	

- ROM 0-125°
- Eliminate pain, inflammation, and effusion
 Improve muscular strength and endurance
 Restore proprioception

Phase 3: Week 4-12

 WEEK
 EXERCISE
 GOAL

 4-12
 ROM
 0-140°

Continue previous

May add dynamic stretching program at week 8

STRENGTH

Continue previous

Glute/ham drops

Slide board reverse lunge

Split squats

Walking lunges

Single leg eccentric leg press

Hamstring curls

Lateral step-downs

Lateral lunges

Monster walks

Vertical Squats

Straight-leg dead lifts

Stool crawl

Plyometric leg press/shuttle at week 8

BALANCE TRAINING

Continue previous

Single leg stance with plyotoss

Wobble board balance work-single leg

½ Foam roller work

AEROBIC CONDITIONING

EFX

Bicycle for endurance

Progress into jogging program at week 8 (BTB) or week 12 (HS/Achilles)

(must achieve full ROM, no pain or effusion)

MODALITIES

Ice 15-20 minutes as needed

BRACE

Functional Brace as needed

- Restore full knee ROM (0-140°)
- Increase lower extremity strength and endurance
- Restore functional capability and confidence
- Enhance proprioception, balance, and neuromuscular control

Phase 4: Week 12-16

WEEK EXERCISE

12-16 ROM

Continue all stretching from previous phases

STRENGTH

Continue all strengthening activities from previous phases increasing weight and repetitions

Progress plyometric drills

BALANCE TRAINING

Continue all single-leg activities increasing difficulty

AEROBIC CONDITIONING PROGRAM

Progress jogging/running program

Swimming

Backwards running

FUNCTIONAL TRAINING

Sport-specific drills

Cutting/agility program

Agility Ladder: 1, 2, 3, 4, 5, 6, 7, 8, 9

Cone Drills: 1, 2, 3, 4, 5, 6

Lateral movement

Carioca, figure 8 drills

MODALITIES

Ice 15-20 minutes as needed

BRACE

Functional Brace as needed

- Progress strength and endurance
- Enhance neuromuscular control
- Progress skill training
- Perform selected sport-specific activity

Phase 5: Week 16-36

WEEK EXERCISE

16-36 ROM

Continue all stretching from previous phases

STRENGTH

Progress plyometric drills

BALANCE TRAINING

Continue all single-leg activities increasing difficulty

FUNCTIONAL TRAINING

Initiate Sports Metrics – (5 mo BTB, 7-8 mo Achilles, HS)

Progress running/swimming program

Progress plyometric program

Progress sport training program

Progress neuromuscular program

MODALITIES

Ice 15-20 minutes as needed

BRACE

Functional Brace as needed

GOALS OF PHASE:

- Return to unrestricted sporting activity
- Achieve maximal strength and endurance
- Progress independent skill training
- Normalize neuromuscular control drills

At six month follow-up visit, a battery of functional tests may be performed to determine level of function. These will include single leg hop for distance, 40 yard figure 8 obstacle run, and isokinetic test at 60, 180, and 300°/sec.