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Anterior Cruciate Ligament Reconstruction Delayed Rehab

This rehabilitation protocol has been designed for patients who have undergone an ACL reconstruction (HS graft/PTG/Allograft) in addition to other surgical issues that may delay the initial time frame of the rehabilitation process. The ACL protocol for Hamstring Tendon Grafts and Allografts is the same as for the Bone Patellar Tendon Bone Grafts with the following exceptions:

- 1. When performing heel slides, make sure that a towel/sheet is used to avoid actively contracting the hamstrings.
- 2. Do not perform isolated hamstring exercises until the 4^{th} week post-op.

The following may be considered criteria for this protocol:

- Concomitant meniscal repair
- Concomitant ligament reconstruction
- Concomitant patellofemoral realignment procedure
- ACL revision reconstruction

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:

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

The physical therapy is to begin 2nd day post-op. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness 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, hypersensitive

•Abnormal gait pattern, with or without assistive device

•Limited range of motion

•Weakness in the lower extremity musculature (quadriceps, hamstring)

•Insufficient lower extremity flexibility

Return to activity requires both time and clinic 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 evaluation are both methods of evaluating a patient's readiness to return to activity.

Phase 1:Weeks 1-2 Delayed Protocol

WEEK EXERCISE GOAL

1-2

ROM 0-90° ROM (passive) --meniscus repair, MCL, ACL revision 0-90° --patellar realignment 0-75° Patellar mobs Ankle pumps Gastroc/soleus stretches Heel slides Wall slides

STRENGTH

Quad sets x 10 minutes SLR (flex and abd) Heel raise/Toe raise Wall squats

WEIGHT BEARING

--meniscus repair – NWB --MCL – wt bearing as tolerated --ACL revision – wt bearing as tolerated

MODALITIES

Electrical stimulation as needed Ice 15-20 minutes with knee at 0° ext

BRACE

Remove brace to perform ROM activities I-ROM when walking with crutches

- ROM (see above, depends on procedure)
- Control pain, inflammation, and effusion
- Adequate quad contraction
- NWB to TDWB (depends on procedure)

Phase 2-Weeks 2-4 ACL Delayed

WEEK EXERCISE GOAL

2-4 **ROM** 0-90°

Passive, 0-90° Patellar mobs Ankle pumps Gastoc/soleus stretch Light hamstring stretch at wk 4 Heel/Wall slides to reach goal

STRENGTH

Multi-angle isometrics (90-60°) Quad sets with biofeedback SLR (flex, abd, add) Wall Squats Heel raise/Toe raise

BALANCE TRAINING

Weight shifts (side/side, fwd/bkwd) Single leg balance (dependent upon procedure)

MODALITIES

E-stim/biofeedback as needed Ice 15-20 minutes BRACE I-ROM when walking with crutches

- ROM to 90° flexion and 0° extension
- Diminish pain, inflammation, and effusion
- Quad control
- Initiate weight bearing as permitted

Phase 3-Week 4-6 ACL Delayed

WEEK EXERCISE GOAL

4-6

ROM 0-125° Passive, 0-125° Gastoc/soleus/hs stretch Heel/wall slides to reach goal

STRENGTH

Progressive isometric program SLR in 4 planes with ankle weight/tubing Heel raise/Toe raise Mini-squats/Wall squats Initiate isolated hamstring curls Multi-hip machine in 4 planes Leg Press-double leg eccentric Initiate bike when 110° flexion EFX/Retro treadmill Lateral/Forward step-ups/downs Lunges

BALANCE TRAINING

Single leg stance Weight shift Balance board/two-legged Cup walking/hesitation walking

WEIGHT BEARING

PWB to FWB as allowed by quad control Discharge crutches when FWB is allowed

MODALITIES

Ice 15-20 minutes BRACE Discharge Measure for functional brace I-ROM with issuance of functional brace

- ROM 0-125°
- Increase lower extremity strength and endurance
- Minimize pain, swelling, and effusion
- · Increase weight-bearing status from PWB to FWB

Phase 4-Week 6-12 ACL Delayed

WEEK EXERCISE GOAL

6-10 **ROM** 0-135° Passive, 0-135° Gastoc/soleus/hs stretch

STRENGTH

Continue exercises from wk 4-6 Leg Press-single leg eccentric Lateral lunges

BALANCE TRAINING

Two-legged balance board Single leg stance with plyotoss Cup walking ½ Foam roller work

MODALITIES

Ice 15-20 minutes

BRACE

Functional brace as needed

10-12 **ROM** 0-135°

Passive, 0-135° Gastoc/soleus/hs stretch

STRENGTH

Continue exercises from wk 4-10 Initiate jogging protocol-start on minitramp as tolerated, progress to treadmill Progress with proprioception training Walking program Bicycle for endurance

MODALITIES

Ice 15-20 minutes

- Full weight bearing, normal gait
- Restore full knee ROM (0-135°)
- Increase strength and endurance
- Enhance proprioception, balance, and neuromuscular control

Phase 5-Week 12-16 ACL Delayed

WEEK EXERCISE

12-16 **ROM**

Continue all stretching activities

STRENGTH

Continue exercises from wk 4-12 Initiate plyometric training drills Progress jogging/running program Initiate isokinetic training (90-30°), (120-240°/sec)

MODALITIES

Ice 15-20 minutes

- Restore functional capability and confidence
- Restore full knee ROM (0-135°)
- Enhance lower extremity strength and endurance

Phase 6-Week 16-20 ACL Delayed

WEEK EXERCISE

16-20 **ROM** Continue all stretching activities

STRENGTH

Continue all exercises from previous phases Progress plyometric program Increase jogging/running program Swimming (kicking) Backward running

FUNCTIONAL PROGRAM

Sport specific drills

CUTTING PROGRAM

Lateral movement Carioca, figure 8's

MODALITIES

Ice 15-20 minutes as needed

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

Phase 7-Week 20-36 ACL Delayed

WEEK EXERCISE

20-36 STRENGTH

Continue advanced strengthening

FUNCTIONAL PROGRAM

Progress running/swimming program Progress plyometric program Progress sport training program Progress neuromuscular program

MODALITIES

Ice 15-20 minutes 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 and twelve months, a follow-up isokinetic test is suggested to guarantee maintenance of strength and endurance. Advanced weight training and sport specific drills are advised to maintain a higher level of competition.