

Anterior Cruciate Ligament Reconstruction Delayed Rehab Dr. David R. Guelich

This rehabilitation protocol has been designed for patients who have undergone an ACL reconstruction. In addition to other surgical issues that may delay the initial time frame of the rehabilitation process. Dependent upon the particular procedure, this protocol also may be slightly deviated secondary to Dr. Guelich's medical decision. The ACL protocol for Hamstring Tendon Grafts 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 4th 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 within the first two postop weeks. 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	
	STREM	NGTH	
		Quad sets x 10 minutes	
		SLR (flex and abd)	
		Heel raise/Toe raise	
		Wall squats	
	WEIG	HT BEARING	
		meniscus repair – NWB	
		MCL – PWB (30#) per Dr. Guelich	
		ACL revision – wt bearing as tolerat	ed
	MOD	ALITIES	
		Electrical stimulation as needed	
		Ice 15-20 minutes with knee at 0° ext	t
	BRAC		
		Remove brace to perform ROM activ	ities
		I-ROM when walking with crutches	
GOALS OF PHASE:			

- ROM (see above, depends on procedure)
- Control pain, inflammation, and effusion
- Adequate quad contraction
- NWB to PWB per Dr. Guelich(depends on procedure)

Phase 2-Weeks 2-4 ACL Delayed

WEEK	EXERCISE	GOAL		
2-4 I	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			
I	BALANCE TRAINING			
	Weight shifts (side/side, fwd/bkw	d)		
	Single leg balance (dependent upo	on procedure)		
1	MODALITIES			
	E-stim/biofeedback as needed			
	Ice 15-20 minutes			
ł	BRACE			
	I-ROM when walking with crutche	S		
GOALS OF PHASE:				

- \bullet ROM to 90° flexion and 0° extension
- Diminish pain, inflammation, and effusion
- Quad control
- Initiate weight bearing as permitted by Dr. Guelich
 - Meniscus repair WB at 4 wks with knee locked

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	
	STREM		
		Progressive isometric program	
		SLR in 4 planes with ankle weight/tuk	oing
		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 $^\circ$ flexion	
		EFX/Retro treadmill	
		Lateral/Forward step-ups/downs	
		Lunges	
	BALA	NCE TRAINING	
		Single leg stance	
		Weight shift	
		Balance board/two-legged	
		Cup walking/hesitation walking	
	WEIG	HT BEARING	
		PWB to FWB as allowed by quad con-	trol
	MODAL	ITIES	
		Ice 15-20 minutes	
	BRAC	E	
		Discharge TROM may proceed with f	unctional brace
GOALS OF PHASE	:		

- 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 G	OAL
6-10	ROM	0-135°
	Passive, 0-135° (FROM)	
	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	
	1/2 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 minitra	amp
	as tolerated, progress to treadmi	11
	Progress with proprioception training	
	Walking program	
	Bicycle for endurance	
Ν	MODALITIES	
	Ice 15-20 minutes	
GOALS	OF PHASE:	
	Full weight bearing, normal gait	
	Restore full knee ROM (0-135°)	
•	Increase strength and endurance	
	Enhance proprioception, balance, and neuromuscular co	ntrol

Phase 5-Week 12-16 ACL Delayed

EXERCISE

WEEK 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

GOALS OF PHASE:

- 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	
GOALS OF PHASE:		

- 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

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.