

ACL Rehabilitation Guidelines – No Meniscal Repair

The following is a guideline for the post-operative rehabilitation of individuals who have undergone an ACL reconstruction utilizing patellar tendon auto and allografts. This schedule will vary from patient to patient based on individual tolerance. The following are MAJOR

OBJECTIVES for this rehab:

1. 0° of extension should be reached as soon as possible.
2. 120° of flexion should be reached by the end of 3 weeks.
3. Full resisted extension is allowed at 6 weeks from the date of surgery.
4. The post-op brace is needed for 4-6 weeks. It should be LOCKED for all ambulation for the first 3 weeks. After the 3rd week, the brace should be UNLOCKED for ambulation. The stop on the brace shall remain at 90° through the entire time the brace is worn.
5. As gait and quad tone improves, the patient is allowed to ambulate at home without The brace. It should always be worn when outside.
6. 3 months post-op, first Isokinetic test. Second is at 6 months.

These instructions are intended to be administered by a physical therapist. If questions arise, please do not hesitate to contact your surgeon or his assistant.

DAY 1

- Immediate full weight bearing as tolerated with long leg brace locked in extension, with crutches.
- Administer cold over your surgical wraps 6 times, keeping the ice on for 15 minutes each session.
- Use the CPM machine for 4 to 6 hours per day.
- Start quad sets as soon as possible. Hold for 6 seconds, do 30 reps 4 times a day.

DAYS 2-7

- ROM goal by day 7 is 0-90°.
- Continue to use the CPM for up to 4 to 6 hours a day.
- When out of the CPM, emphasis is on EXTENSION. Keep the knee straight.
- Continue with the quad sets as described above.
- Start straight leg raising in the brace ONLY IF you are able to keep the knee perfectly straight. Perform 20 reps 3 times a day.
- Begin patellar mobilization – move the kneecap side to side, up and down.
- Day 3 – may remove the brace and wrappings to shower. Please sit when showering and avoid letting the water fall over the operated leg.

DAYS 7 to 14

- ROM goal by day 10 is 0-105°.
- Physical therapy is initiated 7 to 10 days following surgery.
- Begin wall slides, heel slides and AAROM to increase knee flexion.
- Initiate prone hangs if full extension is not reached. Emphasis is on low weight for longer time.
- Start 4 way leg raises with weight PROXIMAL TO the knee. SLR only if able to keep the knee locked in full extension.
- Begin hamstring curls – standing through available ROM. Can place weight at ankle as tolerated.
- Begin bilateral bridging – progress to unilateral as tolerated through protocol.
- Use modalities to control inflammation. Use electric stimulation for quad facilitation.

WEEKS 2 TO 6

- ROM goal by the end of the 4th week is 0-120°.
- ROM goal by the end of the 6th week is for symmetrical knee flexion.
- Emphasis is on closed chain exercise, beginning as tolerated. These include, but aren't limited to the following: step-ups, ¼ squats, wall sits at angles above 45° and standing terminal knee extension with the theraband behind the back of the knee.
- Start aerobic exercises as tolerated, such as; bike, Stairmaster, cross-country skier and others.
- Begin quad isotonic, 90° to 30° with weight on the proximal tibial until 6 weeks post-surgery

- Begin manual resistance for hamstrings and quadriceps. For the quadriceps, limit ROM to 90° to 30° flexion. Full ROM resistance is to be done for the hamstrings.
- Discontinue crutches as gait pattern improves.
- Continue with the electric stimulation to the quadriceps.

WEEKS 6 TO 12

- Begin full extension with resistance at 6 weeks with weights at the ankle.
- Continue with manual resistance through full ROM. Initiate Isokinetic exercises, if available.
- Functional knee brace should be ordered about 6 to 8 weeks post-op. Once brace is obtained and muscle tone is adequate, begin jogging on a treadmill, as well as slide board extension

MONTHS 3 TO 6

- Isokinetic test at 3 months post-op at 90-180-240°/second
- If involved leg is 75% or greater as compared to the un-operated leg, functional training can be started.
- At month 4, specific activities can be started if strength is maintained.