

# ACL REHABILITATION PROTOCOL

(Operative With Meniscus Repair or Microfracture)

#### **PREOPERATIVE:**

- · Rest, ice, compression, elevation
- NSAID, pref. COX02 if early surgery planned
- · Bledsoe style brace for concomitant gr III MCL injury present
- · Fit with functional brace, preop use recommended
- AROM to regain full mobility, call MD if mechanical block. If there is a known displaced meniscus tear
- no ROM therapy, earlier operation planned
- · Quad isometrics, straightleg raise
- · WBAT if no locked meniscus and no gross osteochondral injury
- · Preop formal PT optional but useful to speed readiness of knee for surgery

# POSTOP WEEK 1, BEGINNING POD (post op day) #1:

- Rest, ice compression wrap, elevation
- Dressing change ok after POD #2
- Elevation with knee in maximal extension optimal as much as tolerated (pillows under calf or heel, Not knee crease)
- · Ankle ROM as much as possible
- · Quad isometrics with knee in full passive extension
- · Straight leg raise ok when able to do so without extension lag
- Gastroc isometrics
- · Patellar mobilization as soon as pain permits
- · Supine heel slides with terminal stretch to increase flexion to full, avoid end range passive
- · stretching in flexion
- · Sit and allow knee flexion over edge of table to facilitate flexion to 90 degrees
- · Supine knee passive extension with wedge under heel to promote full hyperextension
- Must sleep in brace

Weight bearing status per Dr. Ryzewicz instructions, toe touch WB with crutches unless otherwise specified

## POST OP WEEKS 2-4:

• Same as first week, primary emphasis on increasing ROM (full hyperextension, flexion to at least 20)

- · Continue crutches and brace
- · Add supine SLR out of brace when able to do so with no extensor lag
- Sidelying SLR begins
- May sleep without brace as tolerated
- · Continue toetouch weight bearing unless otherwise directed



### POST OP WEEKS 5-6:

Progress ROM to full, including flexion

• Rehab brace open 0-90, may wean from nighttime brace as tolerated. Transition to functional knee brace at 4-6 weeks postop when swelling permits

- More aggressive patellar mobilization
- · May begin stationary cycle, no resistance
- Progress to full WBAT for meniscus repair; remain TDWB for microfracture for 2 more weeks

#### POST OP WEEKS 7-12:

- · Continue aggressive terminal stretching, should be full AROM early in this time frame
- Begin treadmill, add incline progressively up to 7-10 degrees, backwards treadmill ok
- · Gradually increase resistance and endurance on stationary cycle
- · Light sport cord or theraband resisted closed kinetic chain resistance training
- May transition to high rep, low resistance weight training after 2 full months postop,

if motion full

- No open chain knee extension, no flexion greater than 90 degrees during strength exercises
- Quarter squats ok, no knee flexion angle greater than 90
- Continue functional knee brace full time except sleep
- Begin stork stands for proprioception

#### POST OP WEEKS 12-16:

- · As above for stretching
- Increases resistance training, closed chain. Lunges, leg press, calf press, mini squats, HS curls
- · Sport cord resisted forward, backward, and lateral movement
- May cycle outside without brace (road only, must remain seated in saddle)
- · Light jogging in brace on soft surfaces
- · Add slide board and advanced proprioceptive training
- · No brace needed except for workouts or hazardous environment
- May begin golfing in brace (chip and putt)
- · Increase intensity and duration of cardio training

#### POST OP WEEKS 17-24:

- Add plyometrics
- Hill training with jogging and bicycle
- · Figure 8 runs, controlled intro to cutting maneuvers and sport specific activities in noncontact,
- Noncompetitive environment
- · Advanced strength, proprio and cardiovascular conditioning

#### Return to sport criteria

MD clearance Sports test 20/21 or better Single leg hop equal to contralateral Adequate stability on ligament testing No significant effusions or mechanical symptoms Completed sport-specific functional progression Functional knee brace for contact sports, jumping and landing or cutting and twisting until 1 year Postop, then D/C

