

McFarland Clinic Sports Medicine
Dr. Peter Buck
Dr. Thomas Greenwald
Dr. David Sneller
Dr. Brian Warne



McFarland Clinic PC

ACL Reconstruction Post-Op Protocol
No Meniscal Repair, B&B/ Hamstring Autograph

Pre-Op Instructions

- Instructions in immediate postoperative exercise/hospital course
- CPM instruction (if prescribed by doctor)
- Gait Training instruction-WBAT

1-3 Days Post-Op

- WBAT with crutches
- Hinged Brace (or knee immobilizer) Guidelines:*
 - Locked in extension while walking or sleeping 2 weeks BTB, 3 Weeks H/S
 - Wear unlocked until 6 weeks (or physician removes brace) when walking
- Quad and hamstring isometrics
- SLR's (no weight)
- PROM- Gravity assisted knee extension (prone), and knee flexion (sitting or supine $\leq 90^\circ$)
- Standing weight shifts (forward/back & side/side)
- Patellar mobilizations
- Electrical stimulation for poor quad contractions or pain relief
- Cold therapy unit for effusion control
- CPM (0-45° while in hospital)

Goals at End of Recovery Phase (7-10 Days)

- FWB without pain (may vary with meniscus)
- D/C crutches
- Criteria for full weight bearing without crutches*
 - Satisfactory pain management
 - Full knee extension standing
 - No PF complaint of pain
 - Independent quad set and co-contraction for control
 - Minimal or no complaints of PF grafting/crepitus
 - Normalized gait pattern (ELS unlocked when good quad control)
- Independent quad and has sets
- ROM as tolerated (For *hamstrings*; do not manually stretch past 0-90° first two weeks, 120° one month)
- Independent with all ADL's
- Start proprioceptive exercises in 10-15° knee flexion (dyna-dics, AE foam, etc.)

2-3 Week Post-Op

- Continue ROM work, patellar mobilization
- Stationary biking/Elliptical machine *5 minute maximum* (light resistance)
- Unilateral leg press (light resistance)
- Hamstring curls (weight as tolerated)
- Closed kinetic chain activities (partial squats, wall slides, short step-ups)
- Calf raises
- Balance activities (in brace)
- Scar massage
- Achilles/ Hamstring stretches

4 Weeks Post-Op

Swimming (flutter kicks)
Balance activities (out of brace)

6 Weeks Post-Op

Max quad isometrics (50°, 70°, 90°)
May start active extension (open chain/ no PRE's)
D/C brace (if indicated by physician)

8 Weeks Post- Op

Continue ROM work (goal: Full Flex)
Lunges and jump rope
Limited arc (90° & 45°) hamstring isokinetics
Start box jumps (6" or less) if good quad control present (NO lateral jumping)

The emphasis and preference is on closed-chain exercises. If necessary, due to facilities that are available to the patient, limited arc (90° to 45°) quad exercises may begin at 10 week post-op. Monitor PF and patellar tendon symptoms.

10-12 Week Post-Op

Progress plyometrics and weight training
Increase speed and duration of jogging
Begin lateral movement activities
Jogging (if good quad control/ minimal effusion)
Emphasize strength

14-16 Weeks Post-Op

Agility drills
Early sport specific activity
Walk/jog/run progression
Emphasize strength

Goals at 4-6 Months Post-Op

No pain or effusion with activity
No difficulty with functional activities
Based on clinical exam, functional performance and isokinetic testing, begin:

- Return to sport specific activities after 4 months
- Maintenance program at return to unlimited activity

D/C criteria:

- Functional performance test is within 90% *involved vs. uninvolved leg*
- Full ROM and strength, and full functional activities
- Doctor has cleared the patient

ACL Reconstruction With Meniscal Repairs

1. Crutches/weight bearing
PWB: immediate post-op to 2 weeks
WBAT: 3-4 weeks
D/C crutches: 4 Weeks
2. Brace
Wear full time, locked in extension when up, for 4 weeks
Remove only for ROM exercises
3. ROM Exercises
Initiate immediately post-op 0-90° for 4 weeks
4. Biking
4 weeks with light resistance- May then increase as tolerated
5. Swimming
6 weeks (flutter kick only)