



Anterior Cruciate Ligament Reconstruction Rehab Protocol

Description of Procedure: Reconstruction of the anterior cruciate ligament within the knee using either autograft (patient's patellar tendon, quadriceps tendon or semitendinosus hamstring) or allograft (semitendinosus hamstring from a cadaver) tissue.

Safety Warning: Caution for eight weeks post-operatively with twisting or pivoting during normal daily activities. Re-establishment of full extension is of extreme importance so patient may progress to normalize gait.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	Weight bearing as tolerated with use of two crutches. Once a straight leg raise can be performed without extension lag, progress to one crutch as tolerated and then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag	Goal: To achieve active range of motion as soon as tolerated <i>**Emphasize importance of full extension</i>	1 to 4 Days: Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed 5 Days to 2 Weeks: Begin mini dips to 30°, heel raises, leg press 90° to 40° arc (begin with eccentrics and lightweight), step-ups (3" to 6") <i>** Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed</i> 2 to 6 Weeks: Continue core proximal program, advance low impact closed chain program, leg press 120° to 30° arc; initiate proprioceptive training; continue stationary bike

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase II: 6 to 12 Weeks	6 to 8 Weeks: Full weight bearing with normal gait 8 Weeks and Beyond: Full	None	Full active range of motion	6 to 8 Weeks: Begin walk to jog program, increase endurance and strength, begin retro ambulation on treadmill; continue cardiovascular program
Phase III: 12 Weeks and Beyond	Full	None	Full active range of motion	12 Weeks and Beyond: Begin sport/activity specific functional progression; <u>return to full partici- pation in sport once strength is 95% strength on single leg hop test or high velocity isometric test is accomplished AND patient is at least 9 months post-op AND functional progression back to sport have been accomplished without pain or increased swelling;</u> provide home exercise program and instruction on functional training to decrease risk of re-tear

Progression back to sport is dependent on case per case basis and determined by Dr. Farr. If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.

Leg extension exercises with resistance are not allowed indefinitely.