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REHABILITATION PROGRAM FOLLOWING ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION With MEDIAL MENISCUS REPAIR

VERY IMPORTANT:

OK TO WEIGHT BEAR AS TOLERATED BUT BRACE MUST BE ON AND LOCKED FOR FIRST 4 WEEKS. WHEN SEATED YOU MAY UNLOCK THE BRACE TO BEND YOUR KNEE.

IMPORTANT MILESTONES:

SLEEP IN BRACE FOR ONE WEEK

SHOWER AFTER 1st POSTOP VISIT (6 TO 8 DAYS)

OK TO DRIVE : RIGHT LEG – 4 WEEKS POSTOP

LEFT LEG – 1 WEEK POSTOP

CRUTCHES UNTIL 4 WEEKS POSTOP

CPM UNTIL 110 DEGREES

STATIONARY BIKE AT 6 WEEKS

JOG AT 3 MONTHS

FUNCTIONAL BRACE AT 4 TO 5 MONTHS

RETURN TO SPORT/MANUAL LABOR 6 MONTHS

PHASE I – EARLY MOBILIZATION PHASE

TIME FRAME: 0 to 4 Weeks

GOALS: 1. Decrease pain and swelling
1. Full extension, and
2. Voluntary quad contraction

TREATMENT RECOMMENDATIONS:

1. Unlock brace post op day 7. (no longer need to sleep in brace).
2. Ice
3. Active range-of-motion (Heel slides), passive range-of-motion, CPM
4. Prone lying with legs off edge of bed achieving full extension
5. Quad sets
6. Patellar mobilizations, especially superiorly
7. Straight leg raises
8. Full arc quad without weights
9. Multidirectional hip PREs
10. Prone knee flexion
11. Calf and hamstring stretching

NOTE: Ambulation weightbearing as tolerated is begun on post-op day #1. Crutch use is continued into Phase II. BRACE LOCKED TO PROTECT MENISCUS

PHASE II – LATE MOBILIZATION PHASE

TIME FRAME: 4 to 6 Weeks

GOALS: 1. Good quad control
1. Normal gait, and
2. Full flexion

TREATMENT RECOMMENDATIONS:

1. Continue all exercises begun in Phase I, add weights as tolerated
2. Mini-squats
3. Wall Slide mini-squats
4. Short arc quads, 60° to 90°, with weights as tolerated
5. Toe raises with weights as tolerated

6. Step-ups, 2 inches and progress to full step

NOTE: Crutches can be discontinued when the patient demonstrates a normal gait.

PRECAUTION: Motion should be full by 6 weeks. A 10° or greater deficit of extension and/or less than 125° of flexion is considered serious losses of motion. The physician should be contacted sooner, rather than later, if full motion appears unachievable. A change in therapy or surgery may be indicated.

PHASE III – EARLY STRENGTHENING PHASE

TIME FRAME: 6 Weeks to 3 Months

GOALS:
1. Strength 60% of opposite limb
2. Re-emphasize full range-of-motion & normal gait

TREATMENT RECOMMENDATIONS:

1. Continue with exercises from previous two phases
2. Begin more closed-chain activities, e.g., step-ups, mini-squats, Stairmaster, bike riding, PNF, etc.
3. Continue gait training, both fast speed and slow speed, for good control and strengthening of muscles
4. Proprioceptive training, early phase Plyometrics performed only with supervision
5. May begin supervised jogging

PHASE IV – LATE STRENGTHENING PHASE

TIME FRAME: 3 to 5 Months

GOALS:
1. Strength 80% of opposite limb

TREATMENT RECOMMENDATIONS:

1. Continue with exercises from previous phases increasing resistance as tolerated
2. Increase intensity of Plyometrics
3. Increase jogging/running intensity
4. Jump rope

PHASE V – FUNCTIONAL PHASE

TIME FRAME: 5 to 9 Months

GOALS: 1. Return to full activity, work or sport

TREATMENT RECOMMENDATIONS:

1. Progressive Plyometrics
2. Incline Plyometrics
3. Jogging
4. Running
5. Bounding
6. Skipping
7. Hopping
8. Sport simulation

CRITERIA FOR RETURN TO SPORT ACTIVITIES

1. One-leg hop test 90% of opposite leg
2. Jog without a limp
3. Full-speed run without a limp
4. Shuttle run without a limp
5. Figure 8 running without a limp
6. Single leg vertical jump 90% of opposite limb
7. Squat and rise from squat

CRITERIA FOR RETURN TO WORK ACTIVITIES

1. Perform simulated work activity to 90% level