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Rehabilitation Guideline for an ACL Reconstruction (Under 18 years)

Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult MUST stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

Pain and Swelling

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (surgery to 6 weeks after surgery) **Date: _____**

Appointments	● Rehabilitation appointments begin post-op day 1 and should be 1-2 times per week during this phase. ● Post-op appointments will be 2 weeks and 6 weeks out from the surgery date. Other appointments will be made per physician.
Rehabilitation Goals	● Protection of healing graft fixation ● Restore quadriceps function and leg control ● **Compliance to home exercise program and precautions**
Precautions	● **Weight bearing**: WB as tolerated with crutches. May discontinue crutches when gait is WNL. ● **Brace**: Post-op brace locked in <u>extension for 6 weeks</u>, then wean from brace after 6 weeks ● **ROM**: Unrestricted. 0-90 degrees by 2 weeks
Suggested Therapeutic Exercise	● Assisted seated knee flexion within above guidelines ● Knee extension ROM (avoid hyperextension past 5 degrees) ● Ankle pumps progressing to resisted ankle ROM ● Patellar mobilizations- especially superior mobilizations ● Quad sets ● Hamstring sets ● Straight leg raises
Cardiovascular Exercise	● None at this time
Progression Criteria	● 7+ weeks AND: ○ Good quad set and open chain leg control ○ Full knee extension ○ Near normal gait without crutches ○ Minimal knee effusion

Phase II (6 - 12 weeks post op) **Date: _____**

Appointments	● Rehabilitation appointments are 1-2 times per week
Rehabilitation Goals	● Normalize gait ● Avoid overstressing the fixation site ● Closed chain leg control for non-impact movement control ● **Compliance to home exercise program**
Precautions	● Full Weight bearing ● Avoid overloading the fixation site by utilizing low amplitude low velocity movements ● No active inflammation or reactive swelling
Suggested Therapeutic Exercise	● Gait drills- forward and backward march walk, soldier walk, side step, step overs, hurdle walk ● Double leg balance drills- balance board, tandem balance ● Closed chain strengthening for quadriceps and glutes- DL squat progressions, split squats, step backs, leg press ● Bridging ● Balance board drills- DL balance

	• Hip and core strengthening
Cardiovascular Exercise	• Stationary bike with low resistance • Deep water running • Elliptical trainer
Progression Criteria	• Normal gait • Symmetric weight acceptance for squats to 60 degrees • No reactive swelling after exercise or activity that lasts for more than 12 hours

Phase III (12 - 22 weeks post op) **Date: _____**

Appointments	• Rehabilitation appointments as needed. Usually 1 time every 1-2 weeks.
Rehabilitation Goals	• Normal running gait without side to side differences or compensations • Normal DL landing control without side to side differences or compensations for sub-maximal squat jump • **Compliance to home exercise program**
Precautions	• No active reactive swelling or joint pain that lasts more than 12 hours
Suggested Therapeutic Exercise	• Low amplitude low velocity agility drills: forward and backward skipping, side shuffle, skater's quick stepping, carioca, cross overs, backward jog, forward jog • Closed chain strengthening for quadriceps and glutes- progressing from DL strengthening to SL strengthening: lunge progressions and SL squat progressions • SL balance exercises and progressions, progressing from stationary to deceleration in to holding posture and position • At ~20 weeks initiate low amplitude landing mechanics: med ball squat catches, shallow jump landings, chop and drop stops, etc • Core strength and stabilization
Cardiovascular Exercise	• Stationary bike with moderate resistance • Deep water running and swimming • Elliptical trainer at moderate intensity
Progression Criteria	• Normal jogging gait • Good SL balance • Less than 25% deficit on Biodex strength test • No reactive swelling after exercise or activity

Phase IV (24 - 32 weeks post op) Date: _____

Appointments	• Rehabilitation appointments 1 times every 2-4 weeks
Rehabilitation Goals	• Normal multi-planar high vel without side to side differences or compensations • Normal DL landing control without side to side differences or compensations • **Compliance to home exercise program**
Precautions	• No active reactive swelling or joint pain that lasts more than 12 hours
Suggested Therapeutic	• Progressive agility drills- forward and backward skipping, side shuffle, skater's quick stepping, carioca, cross overs, backward jog, forward jog

Exercise	● Landing mechanics- progressing from higher amplitude DL to SL landing drills. Start uni-planar and gradually progress to multi-planar ● Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi planar activities ● Unanticipated movement control drills, including cutting and pivoting ● Strength and control drills related to sport specific movements ● Sport/work specific balance and proprioceptive drills ● Hip and core strengthening ● Stretching for patient specific muscle imbalances
Cardiovascular Exercise	● Progressive running program. Design to use sport specific energy systems
Progression Criteria	● Patient may return to sport after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer. Progressive testing will be completed. Patient should have less than 15% difference in Biodex strength test, force plate jump and hop tests and functional hop tests.

Phase V (begin after meeting Phase IV criteria, usually 8-10 months after surgery) Date: _____
This phase is individualized based on the athlete's sport and continued physical impairment/performance needs. During this phase athletes will be allowed to return to team practices with criteria and limitations from the physical therapist/ athletic trainer. This may include time, volume or specific activity.

Practice Continuum:

1. Movement patterns: a. Sprinting b. Shuffle c. carioca d. Zig zag cutting and e. Shuttle change of direction
2. Closed drills- sport specific drills without opposition in a controlled speed environment
3. One-on-one drills (no contact)- sport specific drills/activities where the athlete is expected to react to his/her opponent without compensation
4. One-on-one drills- full speed 1 on 1 drills with game necessary contact
5. Team scrimmage (no contact)- patients are asked to wear a different colored jersey to indicate their contact restrictions during team scrimmaging when appropriate
6. Team scrimmage- full scrimmaging
7. Restricted play- progressing time and situational play as appropriate
8. Full return to play

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