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Rehabilitation Guideline for an ACL Reconstruction (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 - 6 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy begin 3-5 days post op and should be 1-2 times per week during this phase. ● Appointments with physician office at 2 weeks and 6 weeks post op.
Rehabilitation Goals	● Protection of healing graft fixation ● Restore quadricep function and leg control ● **Compliance to home exercise program given**
Precautions	● Weightbearing: begin with touch down weight bearing. Progress to as tolerated weight bearing when pain free. ● Range of motion: 0-90 degrees of flexion within week 1. Progress to full flexion by week 4. ***Goal in this phase is to achieve hyperextension that is equal to other side, 5 degrees of hyperextension should be a maximum***
Suggested Therapeutic Exercise	● Assisted range of motion (AROM): towel slides or wall slides ● Knee extension range of motion ● Ankle pumps progressing to resisted ankle motion ● Patellar mobilizations ● Quad sets- sustained and rapid activation ● Straight leg raises in multiple directions ● Supine wall pushes ● Mini squats ● Weight shifting drills
Cardiovascular Exercise	● None at this time
Progression Criteria	● 6+ weeks AND: ○ Maintained quad set and open chain leg control ○ Full knee extension ○ Normal gait without crutches ○ Minimal knee effusion

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

Appointments	● Appointments with physical therapy at their discretion. ● Appointments with physicians office 12 weeks post op
Rehabilitation Goals	● Normalize gait ● Avoid overstressing the fixation site ● Closed chain leg control for non-impact movement control ● **Compliance to home exercise program given**
Precautions	● Full weight bearing ● Avoid overloading the fixation site by utilizing low amplitude low velocity movements ● No active inflammation or reactive swelling
ROM exercises	● Supine wall slide, towel slides for full knee flexion ● Stationary bike with little to no resistance ● Aquatic therapy as needed
Suggested	● Gait drills- forward and backward march walk, soldier walk, side step, step overs,

Therapeutic Exercises	hurdle walk ● DL balance drills- balance board, tandem balance, progression to SL balance drills ● Weight acceptance and control- shallow squat with lateral shifting, with side shift, with shallow arc motions ● Closed chain strengthening for quadriceps and glutes - DL squats progression, split squats, step backs, leg press ● Begin to use external focus of attention drills for DL strength ● DL heel raises ● Bridging ● Hip and core strengthening
Cardiovascular Exercise	● Stationary bike with little 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 - 18 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy at their discretion. ● Appointments with physicians office 18 weeks post op
Rehabilitation Goals	● Normal running gait without side to side differences or compensations ● Normal DL landing control without 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; fwd and bkwd skipping, side shuffle, skaters quick stepping, carioca, cross overs, bkwd jog, fwd jog ● Closed chain strengthening; Progressing from DL strengthening to SL strengthening, lunge progressions and SL squat progressions ● SL balance exercises and progressions, from stationary to deceleration in to holding posture and position ● At ~12-14 weeks initiate low amplitude landing mechanics; med ball squat catches, shallow jump landings, chop and drop stops ● Hip strengthening - prevention of hip adduction at landing and stance ● Core strength and stabilization - preventing frontal plane trunk lean during landing and SL stance
Cardiovascular Exercise	● Stationary bike with medium resistance ● Deep water running and swimming ● Elliptical trainer at medium intensity
Progression Criteria	● Normal jogging gait ● SL balance ● Less than 25% deficit on strength tests ● No reactive swelling after exercise or activity

Phase IV (18 - 24 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy at their discretion. ● Appointments with physicians office 24 weeks post op

Rehabilitation goals	● Normal multi planar high velocity without differences or compensations ● Normal DL landing control with differences or compensations ● Compliance to home exercise program given
Precautions	● No active reactive swelling or joint pain that lasts more than 12 hours
Suggested Therapeutic Exercise	● Progressive agility drills: fwd and bkwd skipping, side shuffle, skaters quick stepping, carioca, cross overs, bkwd jog, fwd jog ● 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 high velocity, multi plane activities ● Unanticipated movement control drills- including cutting and pivoting ● Agility ladder drills ● Strength and control drills related to sport specific movements. ● Sport/work specific balance and proprioceptive drills ● Hip strengthening ● Core strength and stabilization - especially orientated at preventing frontal plane trunk lean during landing and single leg stance ● Stretching for patient specific muscle imbalances (defined at start of Phase IV)
Cardiovascular Exercise	● Begin running program. Designed to the specific sport energy systems.
Progression Criteria	● Patient may return to sport after clearance from the physician and physical therapist/athletic trainer. Progressive testing will be completed.

Phase V (begin after meeting Phase IV criteria, 24-32 weeks) **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. 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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Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****