

SCOTT SPANN, M.D.
Board Certified, Orthopaedic Surgery
Spine Fellowship Trained



THOMAS BURNS, M.D.
Board Certified, Orthopaedic Surgery
Sports Medicine Fellowship Trained

FROSTY D.R. MOORE, M.D.
Board Certified, Orthopaedic Surgery

MATTHEW J. CRAWFORD, D.O., Ph.D.
Sports Medicine Fellowship Trained

Anterior Cruciate Ligament Reconstruction Hamstring Graft/PTG-Accelerated Rehab

This rehabilitation protocol has been designed for patients with ACL reconstruction who anticipate returning to a high level of activity early postoperatively. The ACL Rehabilitation protocol for all 3 grafts is the same with the following exceptions:

1. When performing heel slides, make sure that a towel/sheet is used to avoid actively contacting the hamstrings.
2. Do not perform isolated hamstring exercises until the 4th week post-op.

The following are **exclusionary criteria** for this protocol:

- Concomitant meniscal repair
- Concomitant ligament reconstruction
- Concomitant patellofemoral realignment procedure
- ACL revision reconstruction
- MRI evidence of severe bone bruising or articular cartilage damage noted

The protocol is divided into several phases according to postoperative weeks and each phase has anticipated goals for the individual patient to reach. The **overall goals** of the reconstruction and the rehabilitation are to:

- Control joint pain, swelling, hemarthrosis
- Regain normal knee range of motion
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal lower extremity strength
- Regain normal proprioception, balance, and coordination for daily activities
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy is to begin 2nd day post-op. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-op signs to monitor:

- Swelling of the knee of surrounding soft tissue
- Abnormal pain response, hypersensitive
- Abnormal gait pattern, with or without assistive device
- Limited range of motion
- Weakness in the lower extremity musculature (quadriceps, hamstring)
- Insufficient lower extremity flexibility

Return to activity requires both time and clinic evaluation. To safely and most efficiently return to normal of high level functional activity, the patient requires adequate strength, flexibility, and endurance. Isokinetic testing and functional evaluation are both methods of evaluating a patient's readiness to return to activity.

Dr. Matthew Crawford
Phase 1: Week 1-2
HS/PTG Accelerated Protocol

WEEK	EXERCISE	GOAL
1-2	ROM Passive, 0-110 ⁰ Patella mobs Ankle pumps Gastoc-soleus stretches Wall slides Hell slides with towel STRENGTH Quad sets x 10 minutes SLR (flex, abd, add) Multi-hip machine (flex, abd, add) Leg Press (90-20 ⁰)-bilateral Mini squats (0-45 ⁰) Multi-angle isometrics (90-60 ⁰) Calf Raises BALANCE TRAINING Weight shifts (side/side, fwd-bkwd) Single leg balance Plyotoss WEIGHT BEARING Wt bearing as tolerated with crutches Crutches until quad control is gained One crutch before FWB with no crutches BICYCLE May begin when 110 ⁰ flex is reached DO NOT use bike to increase flexion MODALITIES Electrical stimulation as needed Ice 15-20 minutes with knee at 0 ⁰ ext BRACE Remove brace to perform ROM activities I-ROM when walking with crutches	0-110 ⁰

GOALS OF PHASE:

- ROM 0-110⁰
- Adequate quad contraction
- Control pain, inflammation, and effusion
- PWB to FWB as capable

8-10 cont

Walking program
Bicycle for endurance
Plyometric leg press/shuttle work

10-12

ROM

Gastroc/Soleus/HS stretch

STRENGTH

Continue exercises from wk 4-10

Isokinetic test at 180 and 300⁰/sec

Plyometric training drills

Continue with stretching

MODALITIES

Ice 15-20 minutes as needed

GOALS OF PHASE:

- Restore full knee ROM (0-135⁰)
- Increase lower extremity strength and endurance
- Restore functional capability and confidence
- Enhance proprioception, balance, and neuromuscular control