

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 Delayed Rehab

This rehabilitation protocol has been designed for patients who have undergone an ACL reconstruction (HS graft/PTG/Allograft) in addition other surgical issues that may delay the initial time frame of the rehabilitation process. Dependent upon the particular procedure, this protocol also may be slightly deviated secondary to Dr. Crawford's medical decision. The ACL protocol for Hamstring Tendon Grafts and Allografts is the same as for the Bone Patellar Tendon Bone Grafts with the following exceptions:

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

The following may be considered criteria for this protocol:

- Concomitant meniscal repair
- Concomitant ligament reconstruction
- Concomitant patellofemoral realignment procedure
- ACL revision reconstruction

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 or surrounding soft tissue
- Abnormal pain response, hypersensitive
- Abnormal gait pattern, with or without assistive device
- Limited range of motion
- Weakness of 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 or 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-Weeks 1-2 Delayed Protocol

WEEK	EXERCISE	GOAL
1-2	ROM ROM (passive) --meniscus repair, MCL, ACL revision 0-90 ⁰ --patellar realignment 0-75 ⁰ Patellar mobs Ankle pumps Gastroc/soleus stretches Heel slides Wall slides STRENGTH Quad sets x 10 minutes SLR (flex and abd) Heel raise/Toe raise Wall squats WEIGHT BEARING --Meniscus repair – NWB --MCL – wt bearing as tolerated per Dr. Crawford --ACL revision – wt bearing as tolerated 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	0-90 ⁰

GOALS OF PHASE:

- ROM (see above, depends on procedure)
- Control pain, inflammation, and effusion
- Adequate quad contraction
- NWB to TDWB per Dr. Crawford (depends on procedure)

Dr. Matthew Crawford
Phase 2-Weeks 2-4 ACL Delayed

WEEK	EXERCISE	GOAL
2-4	ROM Passive, 0-90 ⁰ Patellar mobs Ankle pumps Gastoc/soleus stretch Light hamstring stretch at wk 4 Hell/Wall slides to reach goal	0-90 ⁰
	STRENGTH Multi-angle isometrics (90-60 ⁰) Quad sets with biofeedback SLR (flex, abd, add) Wall Squats Heel raise/Toe raise	
	BALANCE TRAINING Weight shifts (side/side, fwd/bkwd) Single leg balance (dependent upon procedure)	
	MODALITIES E-stim/biofeedback as needed Ice 15-20 minutes	
	BRACE I-ROM when walking with crutches	

GOALS OF PHASE:

- ROM to 90⁰ flexion and 0⁰ extension
- Diminish pain, inflammation, and effusion
- Quad control
- Initiate weight bearing as permitted by Dr. Crawford

Dr. Matthew Crawford
Phase 3-Week 4-6 ACL Delayed

WEEK	EXERCISE	GOAL
4-6	<p>ROM</p> <p>Passive, 0-125⁰</p> <p>Gastoc/soleus/hs stretch</p> <p>Heel/wall slides to reach goal</p> <p>STRENGTH</p> <p>Progressive isometric program</p> <p>SLR in 4 planes with ankle weight/tubing</p> <p>Heel raise/Toe raise</p> <p>Mini-squats/Wall squats</p> <p>Initiate isolated hamstring curls</p> <p>Multi-hip machine in 4 planes</p> <p>Leg Press-double leg eccentric</p> <p>Initiate bike when 110⁰ flexion</p> <p>EFX/Retro treadmill</p> <p>Lateral/Forward step-ups/downs</p> <p>Lunges</p> <p>BALANCE TRAINING</p> <p>Single leg stance</p> <p>Weight shift</p> <p>Balance board/two-legged</p> <p>Cup walking/hesitation walking</p> <p>WEIGHT BEARING</p> <p>PWB to FWB as allowed by quad control</p> <p>MODALITIES</p> <p>Ice 15-20 minutes</p> <p>BRACE</p> <p>Measure for functional brace</p>	<p>0-125⁰</p> <p>Discharge</p> <p>Crutches</p> <p>When FWB is</p> <p>Allowed</p> <p>Discharge</p> <p>I-ROM with</p> <p>Issuance of</p> <p>Functional brace</p>

GOALS OF PHASE:

- ROM 0-125⁰
- Increase lower extremity strength and endurance
- Minimize pain , swelling, and effusion
- Increase weight-bearing status from PWB to FWB

Dr. Matthew Crawford
Phase 4-Week 6-12 ACL Delayed

WEEK	EXERCISE	GOAL
6-10	ROM Passive, 0-135 ⁰ Gastoc/soleus/hs stretch STRENGTH Continue exercises from wk 4-6 Leg press-single leg eccentric Lateral lunges BALANCE TRAINING Two-legged balance board Single leg stance with plyotoss Cup walking ½ Foam roller work MODALITIES Ice 15-20 minutes BRACE Functional brace as needed	0-135 ⁰
10-12	ROM Passive, 0-135 ⁰ Gastoc/soleus/hs stretch STRENGTH Continue exercises from wk 4-10 Initiate jogging protocol-start on minitramp as tolerated, progress to treadmill Progress with proprioception training Walking program Bicycle for endurance MODALITIES Ice 15-20 minutes	0-135 ⁰

GOALS OF PHASE:

- Full weight bearing, normal gait
- Restore full knee ROM (0-135⁰)
- Increase strength and endurance
- Enhance proprioception, balance, and neuromuscular control

Dr. Matthew Crawford
Phase 5-Week 12-16 ACL Delayed

WEEK
12-16

EXERCISE

ROM

Continue all stretching activities

STRENGTH

Continue exercises from wk 4-12

Initiate plyometric training drills

Progress jogging/running program

Initiate isokinetic training (90-30⁰), (120-240⁰/sec)

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Restore functional capability and confidence
- Restore full knee ROM (0-135⁰)
- Enhance lower extremity strength and endurance

Dr. Matthew Crawford
Phase 6-Week 16-20 ACL Delayed

WEEK	EXERCISE
16-20	ROM Continue all stretching activities
	STRENGTH Continue all exercises from previous phases Progress plyometric program Increase jogging/running program Swimming (kicking) Backward running
	FUNCTIONAL PROGRAM Sport specific drills
	CUTTING PROGRAM Lateral movement Carioca, figure 8's
	MODALITIES Ice 15-20 minutes as needed

GOALS OF PHASE:

- Maintain muscular strength and endurance
- Perform selected sport-specific activity
- Progress skill training
- Enhance neuromuscular control

WEEK	EXERCISE
20-36	STRENGTH Continue advanced strengthening
	FUNCTIONAL PROGRAM Progress running/swimming program Progress plyometric program Progress sport training program Progress neuromuscular program
	MODALITIES Ice 15-20 minutes as needed

GOALS OF PHASE:

- Return to unrestricted sporting activity
- Achieve maximal strength and endurance
- Progress independent skill training
- Normalize neuromuscular control drills

At six and twelve months, a follow-up isokinetic test is suggested to guarantee maintenance of strength and endurance. Advanced weight training and sport specific drills are advised to maintain a higher level of competition.