

ACL Reconstruction Rehabilitation Program

The GLSM ACL Reconstruction Rehabilitation Program is an evidence-based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical details and patient response to treatment. Not all patients will use a post-op brace. If a **meniscus repair** is performed in conjunction with the ACL repair, follow the meniscus repair program for weeks 0-3. Contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-6 weeks	Phase II: 6-12 weeks	Phase III: 12 weeks+
Brace: 0-1wks: 0-90. 1+wks Full ROM 4-6 wks D/C brace if given	Brace: As needed	Brace: Functional brace for certain activities
ROM: Emphasis on ext initially 0-2 wks 0-90 2-3 wks 0-110 3-4 wks 0-120 6+wks Full ROM	ROM: 6+wks Full	ROM: Full
WB: 0-1 + wks WBAT using crutches with brace locked at 0 1-3 wks D/C crutches when full ext ROM, good quad control	WB: No restrictions	WB: No restrictions
Modalities: Cryotherapy 4x/day IFC for pain/effusion NMES quads / hams	Modalities: Cryotherapy IFC for pain/effusion NMES quads /hams	Modalities: Cryotherapy
RX: Recommendations: If hams graft, no hams curls. Wk 5 start isometrics, wk 6 isotonic Sapega-McClure technique: 1. Active Warm-up: Bike ROM 2. Heat in stretch: Prone hang 1 st TERT=Total End Range Time 3. Mobilizations / ROM: Pat mobs /Scar tissue massage Knee ext / flex stretches 4. Therapeutic exercises: Flexibility exercises Biofeedback QS, SLR Hip 4 way SLR M<l quads/hams 30, 60, 90 Hamstring curls 0-90 4 wks OKC knee ext 30- 90 CKC exercises - heel raises, 2 wks leg press, step-ups, step-downs, mini-squats 3 wks partial lunges front and lateral, lateral step-overs 4 wks Elliptical Runner 5 wks Stairmaster, Euroglide Balance/ Proprioception Perturbation training Core stability, CV conditioning 5. Ice in stretch (2 nd TERT) 6. HEP for 3 rd TERT Updated 11/03	RX: Recommendations: Sapega-McClure technique if needed (see previous) Pat mobs/ Scar tissue massage Prone hang Knee ext / flexion stretches Flexibility exercises Bike with resistance Elliptical Runner / Stairmaster Biofeedback Total Leg Strengthening Hip strengthening Heel raises Hamstrings isotonic 0-90 Quadriceps isotonic 30-90 CKC exercises - leg press, step-ups/downs, squats, heel raises, lunges to 90 knee flex Balance/ Proprioception Perturbation training 8 wks Sub-max impact activities, Isokinetic knee ext/flex 30-90 Core stability, CV conditioning 8-10 wks Progress to independent strengthening program with monthly rechecks if good ROM and muscle control	RX: Recommendations: Begin terminal extension OKC if KT <3mm and no PF chondrosis Bike with resistance Elliptical Runner, Stairmaster Flexibility exercises Total Leg Strengthening Hip strengthening Heel raises CKC exercises- leg press, step-ups, lunges, squats Isotonic Quads / Hams 0-90 Isokinetic Quads/Hams Balance/ Proprioception Perturbation training Core stability, CV conditioning 12 wks Impact activities if 75% strength: Running, Plyometrics, 16 wks Sport specific exercises
		Testing: 8 wks Linea 12 wks Linea, Biodex (prox pad) 16 wks Linea, Biodex (prox pad) 18-24 wks Linea, Biodex, FXN tests
		Return to Work/Sport No pain or effusion Full ROM Isokinetic Strength- 90% Functional Tests - 90% MD approval Return to Sports 4-6 months

ACL Reconstruction References

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