

Dedication. Compassion. Experience.

Sean E. Rockett, M.D. Agam A. Shah, M.D. Arthur F. Christiano, M.D. Mark Rose, D.P.M. Ethan M. Healy, M.D. Daniel B. Osuch, M.D. Symeon V. Zannikos, M.D. Mark A. Finno, M.D. Kevin P. Sullivan, M.D. Jason C. Saillant, M.D. Michael L. Sganga, D.P.M. Daren Bergman, D.P.M. David M. Ramsden, M.D. Nury Flynn, PA-C, ATC Asimina Markopoulos, PA-C Karl Haywood, PA-C Sarah C. Jacoby, PA-C Ryan C. Gulla, PA-C Daniel R. Trainor, PA-C

ACL Rehabilitation Protocol

Sean E. Rockett, M.D.

General goals:

1. Full extension by 2 weeks

2. Flexion 0-90 degrees by 1 month

3. Flexion 0-130 degrees by 2 months

4. Brace is locked in full extension for ambulation for the first 2 weeks post-op, then open (0-90) for weeks 3-6

No Active Quadriceps from 0-30 degrees until 6 weeks

If a meniscal repair was performed, No flexion past 90 degrees until 6 weeks post-op Driving: Left leg –when off pain medication, Right leg @ 1week

Day 1:

-Full weight bearing as tolerated with crutches and the brace locked out straight

-Keep leg elevated as much as possible (toes above your nose)

-Use ice pack or cryotherapy system

-Start quad sets: hold for 6 seconds, 30 repetitions, 4 times daily

Week 1:

-Unlock brace to work on extension: Place heel on a pillow and allow the knee to hang free, try to get the knee all the way out straight

-Continue quad sets

-Begin Straight Leg Raises (SLRs) with the brace locked out straight, 20 repetitions, 3 times daily

-Remove dressing on post op day 3 and apply band-aids to the incisions

-It's ok to shower after the first dressing change, no need to cover the incisions in the shower, just avoid scrubbing the area

Cont. on next page







NEWTON-WELLESLEY

HOSPITAL

Natick 313 Speen Street

P (508) 655-0471 F (508) 650-3547 Newton 2000 Washington Street Blue Bldg. Suite 322 P (617) 527-5040 F (617) 641-2366 **Hopkinton** 1 Lumber Street Suite 105

P (508) 458-6050 F (508) 625-1036

www.orthopedicsne.com



Dedication. Compassion. Experience.

Sean E. Rockett, M.D. Agam A. Shah, M.D. Arthur F. Christiano, M.D. Mark Rose, D.P.M. Ethan M. Healy, M.D. Daniel B. Osuch, M.D. Symeon V. Zannikos. M.D. Mark A. Finno, M.D. Kevin P. Sullivan, M.D. Jason C. Saillant, M.D. Michael L. Sganga, D.P.M. Daren Bergman, D.P.M. David M. Ramsden, M.D.

Nury Flynn, PA-C, ATC Asimina Markopoulos, PA-C Karl Haywood, PA-C Sarah C. Jacoby, PA-C Ryan C. Gulla, PA-C Daniel R. Trainor, PA-C

Week 2:

-Begin formal physical therapy

-Range of motion goal 0-90 degrees

-Begin supine wall slides, heel slides and active-assisted range of motion (AAROM) to increase knee flexion

-IF a meniscal repair was performed, avoid flexion past 90 degrees

-Start prone hangs if full extension has not been obtained

-Continue SLRs with brace locked out straight

-Begin standing hamstring curls

Week 3-6:

-Begin gentle passive range of motion (PROM) and active range of motion (AROM) beyond 90 degrees if no meniscal repair was done. By week 8, range of motion of the operative knee should be about the same as the non-operative side

-At week 4, begin Closed Chain exercises (heels on the floor), with flexion less than 90 degrees, ¹/₄ squats, and wall squats 0-45 degrees, etc.

-Start aerobic exercise: stationary bike, treadmill walking

-Start isotonic quad exercises at week 4: 30-90 degrees with light weights on the shin

NO active quads from 0-30 degrees until week 6

-Continue electrical stim to quadriceps

-Begin proprioceptive training as quad tone allows

-Discontinue crutches when you can walk without a limp

-May unlock the knee brace to walk when you are able to do 10 Straight leg raises

Week 6-12:

-May discontinue the knee brace to walk

-Begin full extension with resistance (active quads through the entire range of motion)

-Continue manual resistance through the entire range of motion

-Initiate isokinetic exercises if available

-A functional brace will be ordered about week 10-12, once this is in place, jogging on a treadmill and slideboard exercises can be started

Months 3-6:

-If operated leg is up to 75% strength to the opposite leg at 180, may start functional training

-At 5 months, start sports-specific training

-At month 6, may return to sports if strength is at least 90% of the opposite leg







NEWTON-WELLESLEY

HOSPITAL

Natick 313 Speen Street

P (508) 655-0471

F (508) 650-3547

Newton 2000 Washington Street Blue Bldg. Suite 322 P (617) 527-5040 F (617) 641-2366

Hopkinton 1 Lumber Street Suite 105 P (508) 458-6050 F (508) 625-1036

www.orthopedicsne.com