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Anterior Cruciate Ligament (ACL) Hamstring Graft Rehabilitation Protocol

Pre-Op Instructions

- 1. Gait training instruction with crutches.
- 2. Instruction in immediate post-op exercises.

Post-Op: Day of surgery at home.

- 1. Hinged brace locked at 0° or straight leg brace.
- 2. Ice & elevation of knee. Compression wrap should be worn to control swelling.
- 3. Do not allow incisions to get wet while bathing.
- 4. Range of motion exercises:
 - a. Ankle range of motion (ABC's),
 - b. Heel Slides, and
 - c. Passive Patellar Mobilization.
- 4. Begin strengthening exercises as tolerated:
 - a. Quadriceps and hamstring sets,
 - b. Straight Leg Raises (SLR): Supine, Abduction, Adduction, Prone,
 - c. Seated knee extension, hip flexion, and terminal knee extension,
 - d. Partial weight bearing to tolerance with crutches, and
 - e. Well body exercises.
 - f. No Active Hamstring Flexion Exercises for 4 weeks (Passive or Active-Assisted Only.)
- 5. Ice before and after exercise and 20 minutes every 2 hours while awake.

Post-Op: Day 1

- 1. Continue ice, elevation, and compression wrap.
- 2. Continue range of motion exercises 2 3 times per day and add:
 - a. Stationary bike riding with seat height as low as tolerable with low resistance.
- 3. Continue strengthening exercises and add:

- a. Heel raises with balance assistance, and
- b. Partial squats with balance assistance.
- 4. Ice before and after exercises and 20 minutes every two hours while awake.

Post-Op: Day 2 - 7

- 1. Continue ice and elevation.
- 2. Discontinue crutches no later than day three.
- 3. Continue range of motion exercises.
- 4. Continue strengthening exercises by utilizing PRE principle and add:
 - a. Weight to all SLR's, Knee Extension, Hip Flexion, and TKE, and
 - b. Side Step-Ups.
- 5. Ice before and after exercise and continue use of compression wrap.
- 6. Physician examination 6 8 days post-op for evaluation and suture removal.

Post-Op: Week 1 - 3

- 1. Continue ice and elevation as needed.
- 2. May shower or bathe after sutures have been removed.
- 3. Continue range of motion exercises (Full ROM allowed).
- 4. Continue strengthening exercises and add:
 - a. Gait training program on smooth, flat surface,
 - b. Squats progressing to Single-leg parallel squats,
 - c. Calf Raises progressing to Single-leg, then elevated heel raises,
 - d. Balance and proprioception activities, and
 - e. StairClimber exercises.
- 5. Ice before, if indicated, and after exercise.

Post-Op: Week 4 - 12

- 1. May apply lotion to incisions sites using heel of thumb and pressure as tolerated.
- 2. Continue range of motion exercises if needed.
- 3. Continue strengthening exercises utilizing PRE principles, add
 - a. Active Hamstring Curls,
 - b. Seated Leg Press 0° 90°,
 - c. Squats in weight room with emphasis on form over weight,
 - d. Slide Board (week 6), and
 - e. Swimming with straight kicks only, after full wound healing.
- 4. Discontinue brace for daily living activities at 6 weeks post-op or as directed by physician.
- 5. Begin Jog program at 10 weeks post-op, with physician approval, on smooth flat surface, jog straight-a-ways only, walk curves. Slowly increasing time and/or distance. If painful or a limp is present, do not increase intensity until pain-free and gait is normal.

Post-Op: Week 12 - 6 Months

- 1. Continue active exercises.
- 2. Begin functional activities after fitting of functional brace:
 - a. Light plyometrics,
 - b. Begin light cutting or agility activities, and
 - c. Begin sport specific non-contact drills.
- 3. Return to non-contact, non-competitive individual sports (running, swimming, biking) at 3 to 4 months if contralateral strength is 85% or more.
- 4. Return to competitive sports (4 12 months) when:
 - a. Contralateral strength is 85% or greater,
 - b. Range of motion is equal,
 - c. Girth measurements are equal, and
 - d. Knee is functionally stable.

Meniscal Repair Restrictions

If a meniscal repair is performed in conjunction with an ACL Reconstruction, the following limitations are added:

- 1. Non-weight bearing with crutches for 4 weeks.
- 2. Knee Flexion limited to 0° 90° for 4 weeks.
- 3. Walk/Jog program instituted at week 12 post-op only if adequate strength, coordination, and range of motion has been regained.

Patients heal at different rates, possess various pre-operative deficiencies, and require specific attributes to perform normal function. Due to these factors, this protocol must be individualized to each patient to allow for optimal return to desired activities.