

## **Outpatient Rehabilitation Guidelines** ACL Reconstruction

The rehabilitation guidelines contained in this document have been created and approved by the physicians and rehabilitation staff of Agility Orthopedics. There is an expectation that patients will only be advanced beyond the timelines designated in this document with the written permission of the physician. Also, physicians should be notified immediately if patients are not progressing according to the described timelines.

Immediate Post-Op	<ul> <li>Bledsoe/Don Joy brace locked at 0 degrees.</li> <li>Cryocuff incorporated in brace with comprese Isometric quads at &gt;45 degrees.</li> <li>Weight bearing as tolerated (except with mee With meniscal repairs the patient will be non-wee limit flexion to 90° for the first 4 weeks.</li> <li>Home Exercise Program 2-3 times per day:         <ul> <li>✓ Ankle pumps with towel</li> <li>✓ Quad sets at 0°</li> <li>✓ Straight leg raise</li> <li>✓ Quad sets at greater than 45°</li> <li>✓ Co-contractions (Quad/Ham set)</li> </ul> </li> </ul>	ensical repair).
Days 3-4 to Weeks 2-3	<ul> <li>CPM (optional) for home use (2 hours, 3 times per day at slow speed for 2 weeks). Increase flexion 10 degrees per day to 90°, then increase in 5° increments as tolerated.</li> <li>ROM Goal: 0° extension and 100° flexion (emphasis on full extension).</li> <li>Outpatient Physical Therapy: Three times per week.</li> <li>Use compressive stockings until follow up appointment (10-14 days).</li> <li>Continue use of Cryocuff as needed.</li> <li>Home Exercise Program 3 times per day:         <ul> <li>✓ Towel extensions</li> <li>✓ Prone passive stretching (if necessary for extension)</li> <li>✓ Wall and heel slides for flexion</li> </ul> </li> </ul>	
Weeks 3-6	<ul> <li>Fit with ACL Functional Brace with 0 to 100° minimum. Exception: Meniscal repairs stay in Bledsoe/Don Joy Brace for 6 weeks.</li> <li>Wean down to one crutch or cane.</li> <li>Should have 120 degrees of knee flexion and full knee extension.</li> <li>Swimming with well leg kick only.</li> <li>Stationary biking ROM/light resistance, stepping, ¼ squats.</li> <li>Start closed chain quad exercises.</li> </ul>	



Weeks 6-12	<ul> <li>Brace for high risk situations only.</li> <li>Wean off crutch or cane and discontinue Derotation Brace for ADL's.</li> <li>Stationary bike with added resistance.</li> <li>Continue heel slides for flexion at home.</li> <li>Water conditioning and swimming with a flutter kick only.</li> <li>If quad strength is &gt;70% then rope jumping with brace, squat rack from 90 to 10°.</li> <li>Most strengthening exercises for quadriceps are to be closed kinetic exercises: <ul> <li>✓ Bilateral knee bends and progress to unilateral knee bends.</li> <li>✓ Calf raises first double then single leg.</li> <li>✓ Leg press machine from 90 to 10°.</li> <li>✓ One leg balancing.</li> <li>✓ Eccentric hamstrings.</li> </ul> </li> </ul>
Months 3-5	<ul> <li>Cycling and swimming. Progress to road bike.</li> <li>Jogging at 3 to 4 months if quad strength is greater than 70%.</li> <li>Proprioceptive exercises on balance board.</li> <li>Closed chain strengthening with increasing resistance.</li> <li>Lateral shuffles and carioca if quad strength is greater than 70%.</li> </ul>
Months 5-12	<ul> <li>Isokinetics at 5 to 6 months with extension stop of 20<sup>o</sup>. No low angular velocities. Keep above 80 degrees per second.</li> <li>Sports specific activities.</li> <li>Biking and swimming.</li> <li>Return to all sports per physician instructions.</li> <li>Running sports progressed to cutting sports.</li> <li>Jumping sports last.</li> <li>Running program with emphasis on agility and power.</li> <li>Functional activities including side-cutting and back pedaling.</li> <li>Plyometrics</li> </ul>