

Post-operative ACL - Allograft Rehabilitation Protocol

Immediate Post-operative Period (0-6 weeks)

- Primary goal is knee ROM, especially full, passive knee extension
 - There are no ROM restrictions unless otherwise advised by surgeon (ie. meniscal repair)
- Active open chain knee extension is **not** allowed
- Manual treatment may include:
 - Joint and soft tissue mobilization (avoid P/A glides) patella mobilization
 - PNF: **linear** hip patterns with proximal resistance, ankle pivots, gentle hamstring and calf stretching
- Non-Manual treatment may include:
 - Hip PRE, quad sets in full knee extension, SLR as long as patient can maintain full knee extension, calf raises,
 - No stationary bike for cardio 4-6 weeks
 - bilateral partial squats, gait ther ex
- Patient is PWB/WBAT in knee immobilizer unless as advised by surgeon
- If meniscal repair may be NWB/PWB and may or may not have ROM restrictions (depending on what part of meniscus was repaired, call office)
- Approximately 10 days to 2 weeks post-op, the patient may be placed in a functional brace (provided the patient demonstrates adequate motor control of the knee and cleared by surgeon)
- Begin basic balance training in brace week 3-4

Weeks 6-8

- Continue manual therapy as needed for ROM
 - ROM: full extension by week 3 and flexio >80% by week 5, >95% week 8
 - PNF: may begin normal hip patterns with knee in full extension (if no extensor lag) with focus on proximal resistance, knee flexion in pattern, knee extension hold-relax in 60 to 90 degrees with proximal tibial resistance. Add standing rhythmic stabilization and resisted gait if needed.

- Exercise program may add gym equipment (hamstring, leg press, elliptical)
- Progress step downs (able to do 4" step with control by week 7)
- Progress balance training
- Patient may swim freestyle with pull buoy as long as wounds are healed

Weeks 8-12

- Continue manual therapy for ROM as needed
- Progress balance training
- Able to do 8" step with control by week 9
- May be out of brace for ADLs week 7-8 (depending on type of work) if MD approves

Month 3-4

- May swim easy freestyle without buoy, No fins
- May begin aqua jogging

Month 5-6

- Progress jogging with MD approval and as long as patient has adequate strength (to prevent p-f symptoms)
- Able to do 8-inch step down with control several times
- Able to do "mini hops" with appropriate shock absorption

Month 6-7

- Agility work with MD approval

Month 8-9

- Back to sport in brace with MD approval and depending on functional strength, endurance, and adequate skill level

Month 12

- May do sports without brace with MD approval

The above information is a guideline and may be modified at the discretion of the surgeon or therapist based upon patient's progress and surgical findings.

If patient has any other considerations (meniscal repair, microfracture treatment, etc) then the above information is superceded by the precautions set by surgeon.