

0-2 WEEKS POST-OP Rehabilitation

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Physical Therapy Prescription ACL Reconstruction + Meniscus Repair

DOB: **Patient Name:** Sex: Date: Surgery Date: Dx: s/p (LEFT / RIGHT) ACL RECONSTRUCTION + Meniscus Repair

Protect graft

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Goals	Reduce swelling
Gouis	Regain full extension
	Improve quad control
*May begin I	PT prior to post op visit if patient has no concerns
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2-6 WEEKS POST-OP	
	pair, patient should ambulate with brace locked in full extension until 4 weeks post op. Patient
may unlock brace 4 v	veeks after surgery with walking***
Dohahilitation	 Protoct graft
Rehabilitation Goals	 Protect graft Full extension
Gouis	 No extension No extension
	• NO extension day with serv
Modalities	Cryokinetics to facilitate therapy if needed.
Gait	WBAT - Use crutches as needed for pain control
••••	Brace locked in full extension x 4 weeks with weight bearing
ROM	
*Patient must	Progress ROM – Goal of 120 degrees of flexion by week 4.
have full	 No flexion restrictions for ROM exercises in a NWB position.
extension and	Focus on getting full extension with prone and supine hangs.
greater than 120	 May add weight based on pain tolerance.
degrees flexion	Stationary bike okay to "rock for range".
before <u>high load</u>	
strength exercises	
	Standing TKE with ball and/or band as resistance
A I	
Strength	Straight Log Daises
	Straight Leg Raises o If no extensor lag, ok to add up to 5#.
*No CKC strength	 It no extensor lag, ok to add up to 5#. Quadriceps re-education. Russian Stim with quad set and/or SAQ
past 30 degrees	*Leg press / Total Gym / Suspension Trainer - start with eccentrics. Progressive overload
flexion x 4 weeks.	with regard resistance.
TICKIOTI X 4 WEEKS:	Anti-rotation exercises for trunk musculature
	Bridging / Hip hinge exercises
Proprioception	Weight shifts progressing to SL balance, stable surface and multi-directional
Cardio	Stationary bike
*Patient should	UBE
not lose ROM as a	Swimming (Must be 3 weeks post op)
result of cardio	
Criteria to	 Full extension (including hyper) – Within 30 degrees of flexion to contralateral knee
progress	WB with little to no pain, normal gait
	• SL leg press 20% of body weight x 8 reps – If no leg press available, 20 reps of SLR @ 5# with
	no lag



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6-12 Weeks s/p ACL Reconstruction

GOALS: Full ROM Normal gait Increased quad endurance and coordination Discontinue use of brace

ROM

Maintain full / hyperextension

Restore full flexion. Patient should have full ROM prior to beginning a strengthening phase. Bodyweight and low load exercises are okay but focus should be motion before strength.

STRENGTH

<u>Step up and step down exercises</u>

Increase reps and sets to favor volume/hypertrophy. May increase load but muscle endurance is the goal at this time. <u>Retro ambulation</u> program with resistance to work posterior chain <u>Sauat / Push variations</u> for lower extremity. Increase reps and sets with low resistance <u>Hip Hinge variations</u> for lower extremity. Same progression as squat / push Rotation (foot not planted) and anti-rotation for trunk muscles

PROPRIOCEPTION – Okay to begin unstable (AIREX only) surface provided patient shows good control on stable surface

CARDIO

- Incline treadmill / Elliptical / Swimming (avoid flip turns)
- Stationary biking Outdoor cycling okay, avoid clip in pedals. Favor interval training over steady state
- May begin pool jogging / Alter-G between 9-10 weeks based on strength. Water must be at chest level, Alter-G no more than 25% of body weight while running

Criteria for progression to next phase:

- Symmetric SL step down from 6 inch height when compared to non-surgical leg
- Full ROM
- Minimal to no effusion

Restrictions:

Lateral (sagittal plane) motions okay at this time, walking speed only, no pivoting/transverse plane motion at the knee



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12-18 Weeks s/p ACL Reconstruction

ROM

Maintain full ROM Ankle, hip, thoracic spine and shoulder mobility exercises

STRENGTH

May begin to increase load/resistance at this time. We prefer a linear progression of increased load over % of 1 RM or RPE. Increase the load of the lifts below by between 1 and 5 lbs per session. Must have 48 hours of rest between sessions if doing linear progression. Programming should not exceed 24 reps total (3x8, 4x6, etc.) for any 1 exercise per session due to load intensity.

Clinician may choose from any of the exercises below (variations based on individual patient are okay)

Ideally select 2 push movements for every 1 hip hinge movement

<u>Squat/Push movement examples</u> - Back, Front, Overhead, Box step up, Hex Bar, Total Gym, Leg press, etc.

<u>Hip hinge examples</u> - Single and double leg variations (Deadlift, RDL, Hip thrusters, GHD, Nordic hamstring, Good mornings, etc.)

Accessory lifts as needed

Continue linear progression of loading until patient plateaus. After patient plateaus, may change to a % 1RM program or RPE.

AVOID resisted OKC knee extension

PROPRIOCEPTION

Con't with unstable surface and progress to eyes closed. NO LIFTING / STRENGTH EXERCISES WHILE ON UNSTABLE SURFACE (Bosu, AirEx pad, etc.)

CARDIO

Begin jogging / running program at 12 weeks if single leg step down test is symmetric

Cycling – May clip into pedals on road biking and XC mountain biking. Avoid enduro/downhill style riding

Hiking – May begin to wear a heavier, multi-day pack Swimming – Flip turns okay at this time

SPORT SPECIFIC DRILLS

Footwork drills at slow speeds – MUST AVOID PIVOTING Throwing program can begin – Do not exceed 90 feet Kicking program can begin – No cleats, ball must stay on the ground, volleys okay Basketball shooting can begin – Spot shooting only, no defenders, minimal jump Mini hurdle hops can begin. Progress based off dynamic control of knee.

Criteria to progress:	No compensation during lifts	Strength is increasing
	No increased effusion after activity	



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18-20+ Weeks s/p ACL Reconstruction

ROM

Maintain full ROM Ankle, hip, thoracic spine and shoulder mobility exercises

STRENGTH

Continue with CKC strength. Continue to progress squat variations and hip hinge variations. Progressive overload. Continue to increase load/resistance rather than increasing volume/reps.

Once the athlete has plateaued, they may switch to a % of 1 RM training program

Plyometrics – 2 legged only. One legged may begin around 7 months post op based on dynamic knee control

Olympic lifting and triple extension exercises of LE okay at this time

PROPRIOCEPTION

As needed for patient to feel more confident in spatial awareness

CARDIO

Sprinting may begin Cycling as tolerated Swimming as tolerated

SPORT SPECIFIC DRILLS

Agility / footwork drills – Sagittal and Frontal plane motions. May begin light transverse plane motion in controlled settings and supervised.

Progress running program – cutting, begin with curves and progress speed and angle of cut based on strength and coordination. No hard / full speed cutting until 7-8 months post op

RPT Criteria for athletes

- 1. SL push strength 100% of uninvolved leg Isokinetic testing okay
- 2. Blazepod testing Lateral slide and 4 corners
- 3. 400 m run under 75 seconds (Power
- 4. Reactive testing (shuttle test, 10 yard L, distance hop, crossover hop) pain free and confident
- 5. Psychologically ready to compete

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks **Send progress notes.

Physician's Signature:______M.D.

NPI: 1689851354