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Post-Operative Rehabilitation Guidelines for ACL Reconstruction Revision using contralateral quadriceps tendon autograft (with Meniscal Repair) (All Inside)

Weeks 0-2:

- TDWB, Brace locked at 0 degrees for ambulation and sleeping
- ROM: 0-90° with emphasis on full extension
- Patella mobilization
- SLR supine with brace locked at 0 degrees, Quad Sets
- Ankle Pumps - this is very important to prevent blood clots in the first 2 weeks!!
- Short crank (90mm) ergometry

Weeks 2-6:

- Begin to slowly transition from TDWB to WBAT. Unlock Brace for Weight Bearing.
- No weight bearing past 90° for ACL with meniscal repair until 6 weeks post operative
- D/C crutches when gait is non-antalgic
- ROM: 0-125 degrees, 125 degrees closer to 6 weeks. (Maintain full extension)
- Active knee extension to 40 degrees
- Standard (170mm) ergometry (when knee ROM > 115 degrees)
- Leg Press (80-0 degree arc)
- Mini Squats / Weight Shifts
- Proprioception training
- Initiate Step Up program
- Avoid Tibial Rotation until 6 weeks

****Encourage equal force distribution early in rehabilitation through integration of double-limb tasks that progressively load the knee in the sagittal plane to avoid persistent underloading after ACLR.**

Weeks 6-14:

***IF BY 8 WEEKS DO NOT HAVE FULL ROM START DISCUSSING LYSIS OF ADHESION/MANIPULATION AT 12 WEEKS**

- D/C Brace and wean from crutches
- Progressive Squat program
- Initiate Step Down program
- Leg Press, Lunges
- Isotonic Knee Extensions (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation



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Weeks 14-22:

***MUST HAVE FULL ROM!!!**

- Begin forward running (treadmill) program when 8" step down satisfactory -usually closer to 4-5 months.
- Continue Strengthening & Flexibility program
- Advance Sports-Specific Agility Drills
- Start Plyometric program

> 22 weeks:

- Advance Plyometric program, Return to Sport (MD Directed)
- **May require Functional Sports Assessment (FSA) 5-6 months post op for clearance to return to sport
 - Patients can be cleared from the agility program if they can complete the following:
 - Leg press test: 15 unilateral leg press repetitions with the ACLR limb and load equal to 100% of body weight. Successful repetitions are recorded if patients achieve 90 degrees of knee flexion and returned to a neutral resting position.
 - Hop testing: required to complete a single leg forward hop at 80% or greater of their height with good control/form.

After passing both the leg press and single leg hop, all patients undergo 3 weeks of progressive agility training that consisted of skipping and running (forward and backward), cariocas cutting movements, shuttle runs, and double leg hops.

Patients are cleared once completing all sets and repetitions without pain or swelling in the involved limb.

FOR CONTRALATERAL KNEE (QUAD DONOR SITE)

- YOU MAY REMOVE DRESSINGS ON POST OP DAY 2
- YOU MAY GET INCISION WET, DO NOT SCRUB INCISION SITE HOWEVER
- MAKE SURE DRY WHEN OUT OF SHOWER
- NO BATHS

-WBAT

-NO BRACE

-PATELLA MOBILIZATION

-ACTIVE AND PASSIVE RANGE OF MOTION ASAP

-BIKE LEFT KNEE ASAP

-FOCUS ON HIGH REP, LOW RESISTANCE IMMEDIATELY, QUAD ACTIVATION IMMEDIATELY

-ACE WRAP/SLEEVE ON FOR SWELLING