Sutter Health

Jonathan D. Hughes, MD PhD
Orthopedics and Sports Medicine
Phone: (916) 262-9440
Fax: (916) 262-9445

ACL Reconstruction and LCL Reconstruction:

The intent of this protocol is to provide the physical therapist with guidelines of the post- operative rehabilitation course after ACL and LCL reconstructions. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The physical therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

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Weight bearing status after ACL and LCL reconstructions: **NWB x 5 weeks
ROM during exercises: **0-60 degrees x 6 weeks

Phase I (0-5 Weeks)

- Patient is NWB for all ambulatory activities and uses a long-leg brace locked in full extension at all times
- Cryotherapy, quad sets, patella mobilization, and the possible use of TENS or NMES. Ankle pumps and elevation are encouraged for edema control
- Patient is allowed to bear weight equally on both legs when standing stationary

Phase II (5-10 Weeks)

- Patient begins PWB gait of approximately 20% of body weight and increases incrementally by 20% each week
- Long-leg brace is opened to full flexion and the patient is encouraged to begin passive or active-assisted flexion without active hamstring activity. Brace can be discontinued at night. Stationary cycling permitted
- Continue with quadriceps strengthening and patellar mobilization. Can begin

short-arc quadriceps and long-arc quadriceps strengthening. Hip strengthening can be initiated, but should avoid motions that promote increased knee varus or valgus depending upon involved structures

Phase III (10-16 Weeks)

- Long leg brace is discontinued and patient is fitted for a functional brace for ADL that may stress the reconstruction
- Closed chain exercises are initiated in a 0-60 degree range. ROM exercises are continued and patient should be able to flex to 110 degrees or greater by the end of postop month 4
- Proprioception is emphasized in addition to proper gait mechanics

Phase IV (4-6 Months)

- Patient may begin straight-line jogging if adequate strength and proprioception are obtained
- Isolated hamstring strengthening against gravity without weight is initiated at the end of post-op month 5 and resistive hamstrings can be introduced at the end of post-op month 6. ROM of 120 degrees is desirable at this point. A 10-15 degree terminal flexion deficit is typical
- Aggressive quadriceps strengthening is implemented. Can begin low-intensity plyometric program at the end of post-op month 5. In addition, low intensity sport specific activities

Phase V (6-12 Months)

- Continue with above program for anticipated return to sports or very heavy labor
- Must have symmetrical strength and proprioception before returning to unrestricted activity
- Functional bracing is used for sports or work activities that put the reconstruction at risk until the patient reaches 18 months post-op