

Rehabilitation Following ACL- PTG Reconstruction With Acute LCL Repair

I. PREOPERATIVE PHASE

Goals: Diminish inflammation, swelling, and pain

Restore normal range of motion (gradual knee extension)

Restore voluntary muscle activation

Provide patient education to prepare patient for surgery

Brace - Elastic wrap or knee sleeve to reduce swelling

* Consider DJ Ortho medial unloader post-op ROM Brace – esp for genu varus knees

Weight Bearing – As tolerated with crutches – control varus moment with brace

Exercises: *Ankle Pumps

*Passive knee extension (gradual progression)

*Passive knee flexion to tolerance

*Straight Leg Raises (3 Way, Flexion, Abduction), Pillow Squeezes

*Quadriceps Setting

*Closed kinetic chain exercises: mini squats, lunges, step-ups

Muscle Stimulation – Electrical muscle stimulation to quadriceps during voluntary quadriceps exercises (4 to 6 hours per day)

Neuromuscular/Proprioception Training -

- Eliminate quad avoidance gait
- Retro stepping drills

Cryotherapy/Elevation – Apply ice 20 minutes of every hour, elevate leg with knee in full extension (knee must be above heart)

Patient Education – Review postoperative rehabilitation program

Review instructional video (optional) Select appropriate surgical date

II. <u>IMMEDIATE POST-OPERATIVE PHASE</u> (Day 1 to Day 7)

Goals: Gradual passive knee extension

Diminish joint swelling and pain

Restore patellar mobility

Gradually improve knee flexion Re-establish quadriceps control Restore independent ambulation

Postoperative Day 1

Brace – Drop lock brace or Immobilizer applied to knee, locked in full extension during ambulation – unlock when seated etc

Weight Bearing – Two crutches, weight bearing as tolerated WB with brace locked in full extension



Exercises: *Ankle pumps

- *Overpressure into passive knee extension only to zero degrees
- *Active and Passive knee flexion (90 degree by day 5)
- *Straight leg raises (Flexion, Abduction), Pillow Squeezes
- *Quadriceps isometric setting
- *Hamstring stretches (light)
- *Closed kinetic chain exercises: mini squats, weight shifts

Muscle Stimulation – Use muscle stimulation during active muscle exercises (4-6 hours per day)

Continuous Passive Motion – As needed, 0 to 45/50 degrees (as tolerated and as directed by physician)

Ice and Evaluation – Ice 20 minutes out of every our and elevate with knee in full extension

Postoperative Day 2 to 3

Brace – Drop lock brace or knee Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting, etc.

Weight Bearing - Two crutches, weight bearing as tolerated

Range of Motion – Remove brace perform range of motion exercises 6-8 times per day Perform frequent bouts of ROM to regain knee flexibility

Exercises: *Multi-angle isometrics at 90 and 60 degrees (knee extension)

- *Knee Extension 90-40 degrees
- *Overpressure into extension (knee extension should be zero degrees)
- * Emphasize restoring knee extension
- *Patellar mobilization
- *Ankle pumps
- *Straight leg raises, Pillow Squeezes
- *Mini squats and weight shifts
- *Quadriceps isometric setting

Muscle Stimulation – Electrical muscle stimulation to guads (6 hours per day)

Continuous Passive Motion – 0 to 90 degrees, as needed

Ice and Evaluation – Ice 20 minutes out of every hour and elevate leg with knee in full extension

Postoperative Day 4 to 7

Brace – Drop lock brace or knee Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting, etc.

Weight Bearing – Two Crutches weight bearing as tolerated

Range of Motion – Remove brace to perform range of motion exercises 6-8 times per day, knee flexion 90 degrees by day 7



Exercises: *Multi-angle isometrics at 90 and 60 degrees (knee extension)

- *Knee Extension 90-40 degrees
- *Overpressure into extension
- *Patellar mobilization (5-8 times daily)
- *Ankle pumps
- *Straight leg raises, Pillow Squeezes
- *Mini squats and weight shifts
- *Standing Hamstring curls
- *Quadriceps isometric setting
- *Proprioception and balance activities

Neuromuscular training/proprioception – OKC passive/active joint repositioning at 90, 60 degrees

CKC squats/weight shifts with repositioning on sports RAC

Muscle Stimulation – Electrical muscle stimulation (continue 6 hours daily)

Continue Passive Motion – 0 to 90 degrees, as needed

Ice and Elevation – Ice 20 minutes of every hour and elevate leg with knee full extension

II. EARLY REHABILIATION PHASE (Week 2-4)

Criteria to Progress to Phase II

- 1. Quad Control (ability to perform good quad set and SLR)
- 2. Full passive knee extension
- 3. PROM 0-90 degrees
- 4. Good patellar mobility
- 5. Minimal joint effusion
- 6. Independent ambulation

Goals: Gradual increase to full passive knee extension

Gradually increase knee flexion

Diminish swelling and pain

Muscle control and activation

Restore proprioception/neuromuscular control

Normalize patellar mobility

Week Two

Brace - Continue locked brace for ambulation

Weight Bearing – As tolerated (goal is to discontinue crutches 10-14 days post-op)

Passive Range of Motion – Self-ROM stretching (6-8 times daily), emphasis on maintaining full, passive range of motion **(extension to zero degrees)**

Exercises: *Muscle stimulation to quadriceps exercises

- *Isometric quadriceps sets
- *Straight Leg raises (4 planes)
- *Leg Press (0-60 degrees)
- *Knee extension 90-40 degrees
- *Half squats (0-40)



- *Weight shifts
- *Front and side lunges
- *Uni-cam bicycle (low intensity cycling)
- *Proprioception training
- *Overpressure into extension
- *Passive range of motion from 0 to 105 degrees
- *Patellar mobilization
- *Well leg exercises
- *Progressive resistance extension program start with 1 lb., progress 1 lb. per week

Proprioception/Neuromuscular Training

- *OKC passive/active joint repositioning 90, 60, 30 degrees
- *CKC joint repositioning during squats/lunges
- *Initiate squats on foam

Swelling control – Ice, compression, elevation

Week Three

Brace - Continue locked brace till 4 weeks post-op

Passive Range of Motion – Continue range of motion stretching and overpressure into extension (ROM should be 0-100/105 degrees)

Exercises: *Continue all exercises as in week two

- *Passive Range of Motion 0-105 degrees
- *Bicycle for range of motion stimulus and endurance (emphasize ROM on bike)
- *Pool walking program (if incision is closed)
- *Eccentric quadriceps program 40-100 (isotonic only)
- *Lateral lunges (straight plane)
- *Front Step Downs
- *Lateral Step-Overs (cones)
- *Progress Proprioception drills, neuromuscular control drills
- *Frequent bouts of ROM exercises

III. PROGRESSIVE STRENGTHENING/NEUROMUSCULAR CONTROL PHASE (Week 4-10)

Criteria to Enter Phase III

- 1. Active Range of Motion 0-115 degrees
- 2. Quadriceps strength 60 % > contralateral side (isometric test at 60 degree knee flexion)
- 3. Unchanged KT Test bilateral values (+1 or less)
- 4. Minimal to no full joint effusion
- 5. No joint line or patellofemoral pain

Goals: Restore full knee range of motion (0 to 125 degrees)

Improve lower extremity strength

Enhance proprioception, balance, and neuromuscular control

Improve muscular endurance

Restore limb confidence and function

Brace – Unlocked brace for ambulation or may use knee sleeve (Physician decision)



* May consider medial unloader functional brace to control varus moment during gait

Range of Motion – Self-ROM (4-5 times daily using the other leg to provide ROM), emphasis on maintaining zero degrees passive extension

- PROM 0-125 degrees at 4 weeks

KT 2000 Test – (Week 4, 20 lb. anterior and posterior test)

Week 4

Exercises: *Progress isometric strengthening program

- *Leg Press (0-100 degrees)
- *Knee extension 90 to 40 degrees
- *Hip Abduction and Adduction
- *Hip Flexion and Extension
- *Lateral Step-Overs
- *Lateral Lunges (straight plane and multi-plane drills)
- *Lateral Step Ups
- *Front Step Downs
- *Wall Squats
- *Vertical Squats
- *Initiate hamstring curls (light)
- *Standing Toe Calf Raises
- *Seated Toe Calf Raises
- *Biodex Stability System (Balance, Squats, etc)
- *Proprioception Drills
- *Bicycle
- *Stair Stepper Machine
- *Pool Program (Backward Running, Hip and Leg Exercises)

Proprioception/Neuromuscular Drills

- Tilt board squats (perturbation)
- Passive/active reposition OKC
- CKC squats on tilt board
- CKC lunges onto box

Week 6

KT 2000 Test – 20 and 30 lb. anterior and posterior test

Exercises: *Continue all exercises

- *Pool running (forward) and agility drills
- *Balance on tilt boards
- *Progress to balance and ball throws
- *Wall slides/squats

Week 8

KT 2000 Test – 20 and 30 lb. anterior and posterior test

Exercises: *Continue all exercises listed in Weeks 4-6

*Leg Press Sets (single leg) 0-100 degrees and 40-100 degrees



- *Plyometric Leg Press
- *Perturbation Training
- *Isokinetic exercises (90 to 40 degrees) (120 to 240 degrees/second)
- *Walking Program
- *Bicycle for endurance
- *Stair Stepper Machine for endurance
- *Biodex stability system

Week 10

KT 2000 Test - 20 and 30 lb. and Manual Maximum Test

Isokinetic Test - Concentric Knee Extension/Flexion at 180 and 300 degrees/second

Exercises: *Continue all exercises listed in Weeks 6, 8 and 10

- *Plyometric Training Drills
- *Continue Stretching Drills
- *Progress strengthening exercises and neuromuscular training

IV. ADVANCED ACTIVITY PHASE (Week 10-16)

Criteria to Enter Phase IV

- 1. AROM 0-125 degrees or greater
- 2. Quad strength 75% of contralateral side, knee extension flexor:extensor ratio 70% to 75%
- 3. No change in KT values (Comparable with contralateral side, within 2 mm)
- 4. No pain or effusion
- 5. Satisfactory clinical exam
- 6. Satisfactory isokinetic test (values at 180 degrees)

Quadriceps bilateral comparison 75%

Hamstrings equal bilateral

Quadriceps peak torque/body weight 65% at 180°/s (males) 55% at 180°/s (females)

Hamstrings/quadriceps ratio 66% to 75%

- 7. Hop Test (80% of contralateral leg)
- 8. Subjective knee scoring (modified Noyes System) 80 points or better

Goals: Normalize lower extremity strength

Enhance muscular power and endurance

Improve neuromuscular control

Perform selected sport-specific drills

Exercises: *May initiate running program (weeks 10-12) if good quad control and ROM

- *May initiate light sport program (golf)
- *Continue all strengthening drills
 - Leg press
 - Wall squats
 - Hip Abd/Adduction
 - Hip Flex/Ext
 - Knee Extension 90-40
 - Hamstring curls
 - Standing toe calf
 - Seated toe calf
 - Step down



- Lateral step ups
- Lateral lunges
- *Neuromuscular training
 - Lateral step-overs cones
 - Lateral lunges
 - Tilt board drills
 - · Sports RAC repositioning on tilt board

Week 14-16

- *Progress program
- *Continue all drills above
- *May initiate lateral agility drills
- *Backward running

V. RETURN TO ACTIVITY PHASE (Week 16-22)

Criteria to Enter Phase V

- 1. Full Range of Motion
- 2. Unchanged KT 2000 Test (within 2.5 mm of opposite side)
- 3. Isokinetic Test that fulfills criteria
- 4. Quadriceps bilateral comparison (80% or greater)
- 5. Hamstring bilateral comparison (110% or greater)
- 6. Quadriceps torque/body weight ratio (55% or greater)
- 7. Hamstrings/Quadriceps ratio (70% or greater)
- 8. Proprioceptive Test (100% of contralateral leg)
- 9. Functional Test (85% or greater of contralateral side)
- 10. Satisfactory clinical exam
- 11. Subjective knee scoring (modified Noves System) (90 points or better)

Goals: Gradual return to full-unrestricted sports

Achieve maximal strength and endurance

Normalize neuromuscular control

Progress skill training

Tests – KT 2000, Isokinetic, and Functional Tests before return

Exercises *Continue strengthening exercises

- *Continue neuromuscular control drills
- *Continue plyometrics drills
- *Progress running and agility program
- *Progress sport specific training
 - Running/cutting/agility drills
 - Gradual return to sport drills

6 MONTH FOLLOW-UP 12 MONTH FOLLOW-UP

Isokinetic testIsokinetic testKT 2000 testKT 2000 testFunctional testFunctional test