

## ACL REHAB PROTOCOL (Patellar/Quad Tendon Graft)

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Patient \_\_\_\_\_

DOS \_\_\_\_\_

OUT-PATIENT THERAPY			NOTES:
<p><b>0-4 weeks post-operative (phase I)</b></p> <p><b>WBAT</b> – WEEK 2 wean from crutches as patient demonstrates normal gait mechanics and good quad control</p> <p><b>Brace Settings</b> - Open to available passive range</p> <p><b>PROM Goals</b> – Full passive flexion/extension to progress to Phase II</p> <p><b>AROM Goals</b> - 0-120° as tolerated <b>CAUTION:</b> avoid hyperextension &gt;10°</p> <p>Patellar Mobilization/Scar Mobilization</p> <p>Hamstring, Gastroc/Solues Stretches</p> <p><b>Quad Sets with EMG or NMES.</b> <b>**Emphasize early quad contraction and active extension.**</b></p> <p>SLR's 4-way (w/brace if quad lag) add resistance as tolerated with hip abduction, adduction, and extension</p> <p>Gastroc/Soleus strengthening Quad Isometrics 0°, 60° and 90° TKE – overball, tubing Hamstring Curls – add resistance as tolerated CKC: wall sit, step ups, mini squats Total Gym</p> <p>Balance/Proprioception</p> <p>If available, Aquatics for normalizing gait, weight bearing, deep-water jogging for ROM/Swelling</p> <p>Bike, initially for promotion of ROM, add low RPM as tolerated</p>	<p><b>4-10 weeks post-operative (phase II)</b></p> <p><b>Brace Settings</b> - D/C if adequate quad control at WEEK 6</p> <p>Progress weight with multi-hip exercises &amp; advance to machines</p> <p>Leg press (flexion &lt;90°), progress to single leg</p> <p>Partial Lunges/Lunge Walks</p> <p>Squats, progress from double to single leg</p> <p>Core strengthening – plank, side plank</p> <p>Double leg bridge</p> <p>Progress hamstring curls to machine</p> <p>Progress time &amp; resistance on stationary bike</p> <p>Front/Lateral step ups &amp; Step downs</p> <p>Progress proprioceptive activities: Ball toss, plyoback, balance beam Double leg to single leg balance</p> <p>Resisted ambulation</p> <p>Waist deep running in pool @ 8 wks.</p> <p>Elliptical/Nordic Trac</p> <p>Stairmaster (avoid hyperextension)</p> <p><b>Goals:</b> restore normal gait with stair climbing, progress toward full AROM</p>	<p><b>10-16 weeks post-operative (phase III)</b></p> <p>LAQ, progress to eccentrics</p> <p>Advance balance/proprioceptive activities</p> <p>Progress quad, hamstring, calf, hip strengthening</p> <p>SL Bridge</p> <p>Single leg knee bends 30°-60° range and progress to tubing</p> <p>Balance and Reach</p> <p>Vectors</p> <p>Continue single leg stance progression, vary surfaces</p> <p>Advanced elliptical/bike cardiovascular/endurance training</p> <p>Progress to full weight bearing running @ 12 weeks</p> <p>Swimming (if desired)</p> <p>25-50% speed agility: skip, side shuffle, back pedal, grapevine</p> <p>Week 12-16 week Functional Testing</p> <p><b>Goals:</b> Full ROM, 70% strength of uninjured side, normal running mechanics</p>	<p>2-3 visits per week after first week</p> <p>Sleep without brace 7-10 days post op</p> <p><i>Criteria to advance to:</i>  <b>Phase II</b> – Full PROM flex/ext, good quad set, SLR without lag, Minimal swelling/inflammation, normal gait on level surfaces  <b>Phase III</b> – no patellofemoral pain, minimum 120° flexion, sufficient strength and proprioception to initiate running, minimal swelling/ inflammation  <b>Phase IV (Advanced ACL Protocol)</b> – No significant swelling/inflammation, Full pain free ROM, No evidence of patellofemoral joint irritation, sufficient strength and proprioception to initiate agility, normal running gait, 70% strength of uninjured side</p> <p><b>Weeks 16+</b> please refer to the advanced ACL rehab protocol</p> <p><b>**Return to sport/work is dependent on passing of functional testing and sign off from primary physician. Approximately 9-12 months sport/6-12 months work.</b></p> <p>Any Questions? Please contact:  <b>Northwoods Therapy Associates</b>                      Altoona, WI Chippewa Falls, WI                      (715) 839-9266 (715) 723-5060</p>