

POSTERIOR CRUCLATE LIGAMENT RECONSTRUCTION REHABILITATION PROTOCOL

GENERAL GUIDELINES

- The local anesthetic (similar to novacaine) in your knee will last 6-12 hours
 - Start taking the pain medication as soon as you start feeling pain
- Vistaril may be taken every 6 hours as needed for nausea, itching, or trouble sleeping
- Take 1 aspirin (325 mg) daily for two weeks, starting the day after surgery
- Use cryotherapy continuously for the first 72 hours, then as-needed thereafter
 - Ensure that the cryotherapy cuff never contacts the skin directly
 - Apply to the knee after performing rehab exercises for the first 12 weeks
- Remove the bandage 72 hours after surgery, but leave the white steritrips on the skin
 - apply fresh gauze pad with ace bandage for the first 2 weeks after surgery
- You may shower after surgery, wrapping the dressing in plastic wrap to keep dry
 - You may get the incision wet after the first postoperative visit with the doctor
 - Do NOT submerge the knee underwater for the first 6 weeks
- Sleep with brace locked in extension for 1 week
- Driving: 2 week for automatic cars, left leg surgery if off pain medication
4-6 weeks for standard cars or right leg surgery
- Brace locked in extension for 6 weeks for ambulation
- Use brace and crutches for ambulation for 6 weeks
- Touchdown weight-bearing for the first two weeks, then partial weight-bearing
- Take precautions not to fall, as a fall could result in fracture or graft failure
- Schedule a follow-up appointment for two weeks after surgery 410-448-6400

PHYSICAL THERAPY ATTENDANCE

The following is an approximate schedule for supervised physical therapy visits:

Phase I	(0-2 weeks):	1 visit/week
Phase II	(2-6 weeks):	2-3 visits/week
Phase III	(6 weeks – 3 months):	2-3 visits/week
Phase IV	(3-6 months):	1-2 visits/week
Phase V	(> 6 months):	Discharge with home program

REHABILITATION PROGRESSION

The following are guidelines for rehabilitation. Please consult the physician with any concerns or questions about advancement to the next phase of rehabilitation. Visits are routinely scheduled at 2, 6, 14, 26, and 52 weeks postoperatively.

PHASE I

Begins immediately post-op through the first postoperative visit (2 weeks)

Goals:

- Protect graft and minimize inflammation
- Ensure wound healing and prevent blood pooling/blood clot
- Maintain full extension, initiate early range of motion

Brace:

0 – 2 weeks: Locked in full extension for ambulation and sleeping

Weight-Bearing Status:

0 – 2 weeks: Touchdown weight bearing as tolerated with two crutches

Therapeutic Exercises (2 times per day) starting the first day after surgery:

- *Ankle pumps*
- Knee extension/hamstring stretching with *heel prop*
- Quad isometrics (hold for 10 seconds, with 5 repetitions)

Therapeutic Exercises (2 times per day) starting 7 days after surgery:

- Sitting *leg dangle* to 90 degrees using unaffected leg for support
- *Patellar mobilizations* (medial, lateral, proximal, distal)

PHASE II

Begins 2 weeks postoperatively and extends to 6 weeks postoperatively

Criteria for advancement to Phase II:

- No signs of active inflammation, flexion to 70 degrees

Goals:

- Maintain full extension, progress flexion as tolerated
- Protect graft fixation

Brace/Weight-Bearing Status:

- Brace locked in extension for ambulation
- May remove for exercises and sleeping.
- Partial weight bearing with two crutches

Therapeutic Exercises (3 times per day):

- All exercises from Phase I, limit flexion to 90 degrees
- Aggressive *patellar mobilizations* (medial, lateral, proximal, distal)
- Stationary bike (no tension; begin with high seat & progress to lower seat for ROM)
- *Prone hangs* to promote knee extension
- *Straight-leg raises* (10 repetitions; start with brace locked, then unlocked as tolerated)
- *Hip abduction* (leg raises to the side while lying on your side)

PHASE III

Begins 6 weeks postoperatively and extends to 3 months postoperatively

Criteria for advancement to Phase III:

- No difficulty with straight-leg raise and flexion to at least 120 degrees

Weight-Bearing Status:

- Progress to weight-bearing as tolerated with 2 crutches
 - Transition to 1 crutch, then discontinue crutches as tolerated
 - Discontinue the brace when comfortable walking without crutches

Goals:

- Maximize range of motion
- Improve functional strength while protecting the graft and patellofemoral joint
- Wean the postoperative brace and discard when comfortable

Therapeutic Exercises (perform strengthening exercises every other day):

- All exercises from Phase II (perform 3 times per day), progress flexion as tolerated
- *Wall slides* and *leg press* from 0-45 degrees of knee flexion
- Step-up/Step-down beginning at 2", gradually progress height as tolerated
- 3-way hip motion with progressive resistance (flexion, abduction, adduction)
- Treadmill walking with emphasis on normalization of gait pattern
- Aquatic program to include pool running and flutter kick (NO breaststroke)

PHASE IV

Begins 3 months postoperatively and extends to 6 months postoperatively

Criteria for advancement to Phase IV:

- Full range of motion and normal gait

Goals:

- Improve strength and endurance in preparation for functional activities
- Initiate proprioceptive training while protecting the graft and patellofemoral joint

Brace:

- Well-fitting ACL Sports brace prior to jogging or proprioception exercises

Therapeutic Exercises (perform every other day):

- All exercises from Phase III
- Progress to single leg wall slides and leg press to 90 degrees of flexion
- Elliptical trainer (transition to jogging when comfortable and has Sports brace)
- Treadmill or track jogging, gradually increasing distance and speed
 - Avoid uneven terrain or concrete surfaces such as sidewalks and streets
- Balance/Proprioceptive training (single leg stance, balance board)
- Plyometric training (see following page for guidelines)

12-16 weeks postop: Double limb hops (advance to 30 reps)

Add double limb forward, side, and back hops (advance to 10 reps each)
(distance should be 6 to 12 inches)

Increase distance of double limb forward hop as tolerated, add triple hop

Add double leg rotational hops (90 degree turn midair, advance to 5 reps)

Add double leg rotational hops (180 degree turn midair, advance to 5 reps)

Begins 6 months postoperatively and extends to 1 year postoperatively

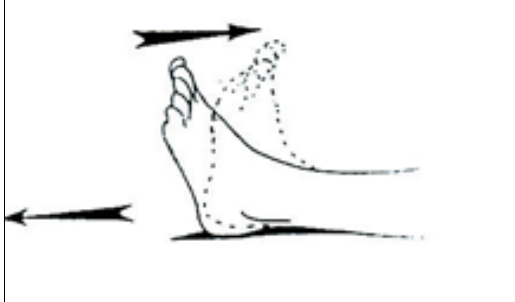
- Surgeon clearance
- Symmetric thigh musculature and performance within 10% of uninvolved limb

- Maximize strength, endurance, and proprioception
- Gradual return to sport (wearing ACL Sports brace for the first year)

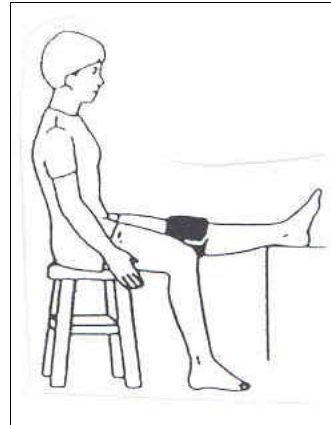
- All exercises from Phase IV
- May jog on any surface as tolerated, gradually increasing distance and speed
- Non-linear running (zig-zag run, backwards run, Carioca each side for 50 yards each)
 - Start with 'walk-through' at < 1% of maximum effort
 - Increase 10% effort each session as tolerated
- Agility drills added after non-linear running mastered (shuttle run, box drill, weaves)
 - Start with 'walk-through' at < 1% of maximum effort
 - Increase 10% effort each session as tolerated
- Sport specific training/practice once agility drills mastered
 - Start with 'walk-through' at < 1% of maximum effort
 - Increase 10% effort each session as tolerated

Jogging:	14 weeks postoperatively
Golf:	5 months postoperatively
Roller blading:	6 months postoperatively
Skiing:	7 months postoperatively
Return to practice for all other sports:	7 months postoperatively
Full return to sports:	9 months postoperatively

Exercise Diagrams (Phase I)



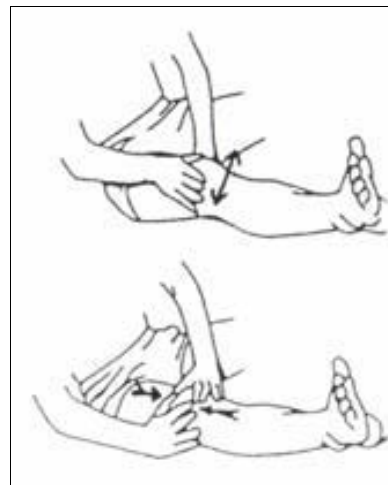
Ankle Pumps



Sitting extension/hamstring stretch with *heel prop*
May also be performed recumbent (lying down)

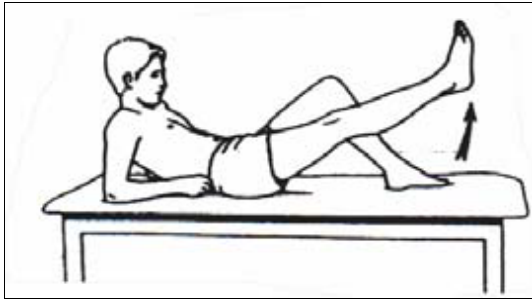


Sitting *leg dangle* to 90 degrees
using unaffected leg for support

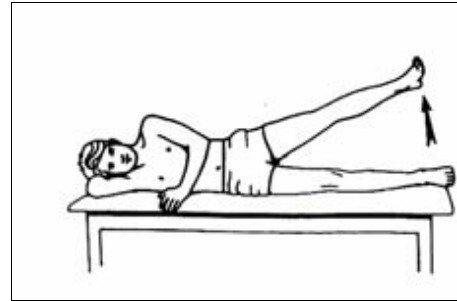


Patella mobilizations
stretch in 4 directions (each side, up and down)

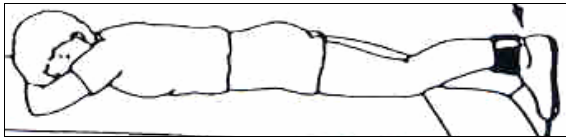
Exercise Diagrams (Phase 2)



Straight-leg raises

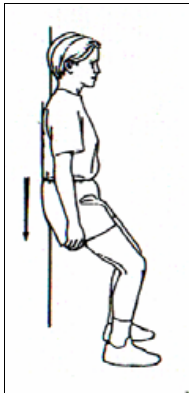


Hip abduction (both legs)

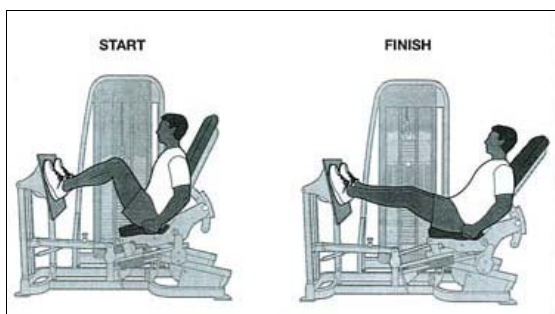


Prone hangs to promote full knee extension

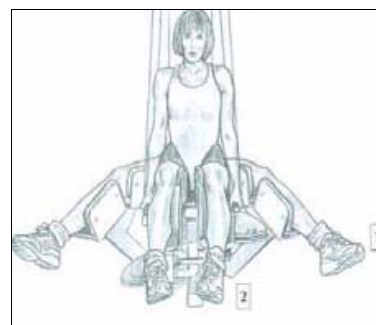
Selected Exercise Diagrams (Phase 3)



Wall slides (0-45 degrees of knee flexion)



Leg Press (0-45 degrees of knee flexion)



Hip abduction and adduction