

ACL RECONSTRUCTION -DR. PRODGER

General Information:

Arthroscopic procedure using hamstring tendon (refer to operative procedure).
Patients are allowed weight bearing as tolerated unless advised otherwise by Dr. Prodger.

Pre-Op (only seen if specific concerns):

- Crutches fitted and gait reviewed
- Post-op exercises reviewed: ROM knee flexion/extension, static quads, co-contraction exercises, gastrocs/hamstring stretches

Day 1:

- Review surgical notes to check any specific post-op orders
- Patient reviewed in a.m. (and p.m.) to complete exercises and begin mobilisation. Ice applied every 4 hours for first 24 hours.
- Patients to be provided with post-op exercises.
- Encourage full passive extension.

Discharge:

- Normally Day 1 WBAT in Zimmer splint (if unable to SLR) with crutches (if necessary)
- Continue above exercises until review
- Keep wound dry and intact until review

If you have had a **meniscal repair**, you will need to wear a brace to keep your knee locked in extension while you are walking for 6 weeks. You can fully weight bear. The brace can be removed to sleep and shower, and unlocked to do all the standard ACL exercises as directed by your physiotherapist.

At 2 Weeks:

- Review with surgeon.
- Discard crutches when patient confident and not limping.
- Refer to Dr Prodger's ACL protocol for progression of program.

Post-Operative Day 1-2

Aim: Comfortable ROM
Minimize swelling
Effective co-contractions
Safe crutch utilization

- Debulk outer dressing.
- Apply tubigrip –calf to mid-thigh.

Physiotherapy:

- Mobilize Day 1 WBAT on crutches. Come off crutches when pain controlled. Can mobilise out of Zimmer Splint when able to Straight Leg Raise.
- Active ROM exercises ankle and hip
- Knee ROM exercises
- Co-contractions at 0 and 30 degrees
- No active unopposed quadriceps exercises
- Encourage full passive knee extension
- Straight leg raising.

Plan to:

- Discharge from hospital Day 1 (when pain controlled and safely mobilizing)
- Do not get dressing wet until reviewed at Day 14.

Discharge to Day 14

Aim: ROM 0-90 degrees
Effective co-contraction
Reduce swelling to minimal.

- Own ROM exercises
- Ice packs
- Review in rooms at Day 14
- Co-contractions continue at 0-30 degrees for 5 seconds, 10 reps x 2, 3 times a day

Week 2-6

Aim: Full ROM
FWB with normal gait (discard crutches as able)
Improve tone of quadriceps and hamstrings
Early proprioception exercises

- CKC quadriceps exercises (wall squats), moving towards OKC hamstrings (prone ROM exercises)
- Patellar mobilisations
- Ice packs to reduce/prevent swelling

- Co-contractions at 0-30 degrees
- Gait education
- Hip and ankle ROM and strengthening concentrating on pelvic and core control

Week 6-12

Aim: Increase strength in quadriceps and hamstrings
Further improve proprioception

- Continue co-contractions as warm-up
- CKC quads; OKC and CKC hamstrings
- Mini-tramp, walking to jogging
- Jogging on flat grass initially moving to gentle figure '8's (**start week 8**)
- Wall squats, lunges and single leg standing
- Exercise bike, **keeping seat high** to avoid PF dysfunction
- Gait analysis, hip and ankle exercises
- Week 9-10 commence gym equipment
- Step-ups and step-downs
- Leg press and hamstring curls
- Swimming (not breast stroke) and running in water

Week 12- 9 months

Aim: Gym work for endurance and strength
Proprioception with sport
Prepare for return to sport

- Gradually increase speed of contraction in loaded exercise (quads and hamstrings): leg press, hamstring curls, half squats and wall squats
- Continue CKC quads and OKC/CKC hamstrings
- Stork exercises with theraband resistance
- Cardiovascular conditioning
- Swimming –kicking with flipper
- Reinstigate sporting manoeuvres at 6 months: swerving to side-stepping, forehand and backhand turning, running forward and backward, catching and throwing a ball while using mini-tramp

9-12 Months

Aim: Return to sport

- Sport specific training sessions moving to limited participation then full participation.
- OKC quads and hamstrings
- Plyometrics