

ACL REHAB PROTOCOL (Patellar/Quad Tendon Graft)

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Patient _____

DOS _____

OUT-PATIENT THERAPY			NOTES:
<p>0-4 weeks post-operative (phase I)</p> <p>WBAT – WEEK 2 wean from crutches as patient demonstrates normal gait mechanics and good quad control</p> <p>Brace Settings - Open to available passive range</p> <p>PROM Goals – Full passive flexion/extension to progress to Phase II</p> <p>AROM Goals - 0-120° as tolerated CAUTION: avoid hyperextension >10°</p> <p>Patellar Mobilization/Scar Mobilization</p> <p>Hamstring, Gastroc/Solues Stretches</p> <p>Quad Sets with EMG or NMES. **Emphasize early quad contraction and active extension.**</p> <p>SLR's 4-way (w/brace if quad lag) add resistance as tolerated with hip abduction, adduction, and extension</p> <p>SAQ</p> <p>LAQ</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>4-10 weeks post-operative (phase II)</p> <p>Brace Settings - D/C if adequate quad control at WEEK 6</p> <p>Progress weight with multi-hip exercises & advance to machines</p> <p>Leg press (flexion <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 & resistance on stationary bike</p> <p>Front/Lateral step ups & 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>Goals: restore normal gait with stair climbing, progress toward full AROM</p>	<p>10-16 weeks post-operative (phase III)</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>Goals: Full ROM, 70% strength of uninvolved 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> Phase II – Full PROM flex/ext, good quad set, SLR without lag, Minimal swelling/inflammation, normal gait on level surfaces Phase III – no patellofemoral pain, minimum 120° flexion, sufficient strength and proprioception to initiate running, minimal swelling/ inflammation Phase IV (Advanced ACL Protocol) – 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 uninvolved side</p> <p>Weeks 16+ please refer to the advanced ACL rehab protocol</p> <p>**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.</p> <p>Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060</p> <p style="text-align: right;">Revised July 2024</p>

Bike, initially for promotion of ROM, add low RPM as tolerated