

ACL Reconstruction with Allograft

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The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I (Weeks 0 – 2)	Phase II (Weeks 2 – 6)	Phase III (Weeks 6 – 12)	Phase IV (Weeks 12 – 24+)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No pool activity <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling/Wound Management Patellar mobs NMES ROM as tolerated Gait Training <p>EXERCISES</p> <ul style="list-style-type: none"> AAROM knee flexion with over-pressure Stationary biking, no resistance Passive extension stretching Ankle pumps Quad sets (0 and 90 degrees) Multiplanar SLR Calf raises Mini squats with band Hamstring bridge TKE NMES is strongly recommended <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Wean from brace after: <ul style="list-style-type: none"> SLR x 10 without lag Single leg stance w/ UE support Wean from crutches by POD 14 ROM <ul style="list-style-type: none"> Extension: 0° Flexion: 90° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No running or cutting activities WBAT crutches until sufficient quad control CKC (0-60°) for strength training OKC (90-45°) Strengthening <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling Management Patellar mobs NMES Manual knee flexion/extension stretching Light scar mobilization when wound closed Blood Flow Restriction Training Pool therapy when OK'ed by MD <p>EXERCISES</p> <ul style="list-style-type: none"> Leg press (double/single) Forward and Lateral Step ups Knee extension (90-45 only) Initiate hamstring curls Resisted TKE CKC hip strengthening Progress proprioceptive activities <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Normal gait mechanics Single leg stance control w/o UE support Effusion managed ROM <ul style="list-style-type: none"> Flexion: >120° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> Watch for patellofemoral pain <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training Manual Therapy PRN Eccentric Training (CKC) <p>EXERCISES</p> <ul style="list-style-type: none"> Advance CKC strengthening single leg without dynamic valgus Step downs Lunges High level strengthening: single leg on unstable surfaces without dynamic valgus High level hamstring loading <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Negotiate stairs normally Restore limb confidence ROM <ul style="list-style-type: none"> Full extension Flexion within 10° of uninvolved side 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No jumping, cutting, or sprinting until cleared <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training for atrophy if needed <p>EXERCISES</p> <p>12 weeks - 16 weeks</p> <ul style="list-style-type: none"> Initiate walk-jog program If appropriate Light agility drills <p>16+ weeks</p> <ul style="list-style-type: none"> Progression of agility drills/plyometrics Jumping: double progress to single leg Running to straight line sprinting progression High Resistance: LE strengthening OKC/CKC full ROM as tolerated <p>24+ weeks</p> <ul style="list-style-type: none"> Cutting/sport specific activities if cleared <p>CRITERIA to advance....</p> <ul style="list-style-type: none"> Return to sport or heavy work cleared by MD >90% of limb symmetry on Functional Testing Within 1 cm quad girth difference side to side

Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.