

ACL Reconstruction with Hamstring Autograft

Jonathan M. Cooper, DO

Phone: 952-456-7617 | Fax: 952-456-7967

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 hamstring strengthening x 6 weeks 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 Patellar mobs Ankle pumps Quad sets SLR (no extensor lag) Calf raises Mini squats with band Proprioceptive activities NMES is strongly recommended to improve quad strength <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 hamstring strengthening x 6 weeks 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 Seated knee extension (90-45° only starting at week 4) CKC hip strengthening Progress proprioceptive activities Continue NMES <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"> Stationary biking with resistance Advance CKC strengthening single leg without dynamic valgus Continue seated knee extension (90-45°) Step downs Lunges Begin light hamstring strengthening <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 Hold on return to run or hop testing until quad limb symmetry index (LSI) is >80% and there is trace or less joint effusion <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training for atrophy if needed <p>EXERCISES 12-16 weeks</p> <ul style="list-style-type: none"> Stairmaster, elliptical, Nordic moderate biking Running: initiate walk-jog program when the following criteria are met: <ul style="list-style-type: none"> 80% quad LSI Effusion - trace or less Jumping: double progress to single leg High level strengthening: single leg on unstable surfaces without dynamic valgus Seated knee extension 90-0° <p>16+ weeks</p> <ul style="list-style-type: none"> Agility drills/plyometrics without dynamic valgus Sports specific activities <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.