

## ACL Reconstruction with Quadriceps Autograft

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Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I (Weeks 0 – 3)	Phase II (Weeks 3 – 6)	Phase III (Weeks 6 – 12)	Phase IV (3 – 5 Months)	Phase V (5 – 8 Months)
<p><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>WBAT with crutches. DC pending quad control and knee extension ROM</li> <li>Brace locked in extension</li> <li>May remove brace for sleep and exercise after 1 week</li> </ul> <p><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>Patellar mobilization</li> <li>Edema management</li> <li>Cryotherapy</li> </ul> <p><b>ROM</b></p> <ul style="list-style-type: none"> <li>Extension: full within 2 weeks</li> <li>Flexion: 120 degrees</li> </ul> <p><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Knee A/AAROM (heels slides, wall slides, prone knee flexion)</li> <li>Quad sets</li> <li>SLR</li> <li>Hamstring isometrics</li> <li>4 way hip and ankle exercise including calf pumps</li> <li>Initiate proprioception exercise</li> <li>Stationary bike</li> </ul> <p><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Full extension within 2 weeks</li> <li>Flexion to 120 degrees</li> <li>D/C crutches once quad is active</li> </ul>	<p><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Wear brace except for sleep and exercise. Discharge at 6 weeks if adequate quad control</li> <li>NO kicking until 4-6 weeks if they are in the pool</li> </ul> <p><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>Continue patellar mobilization</li> <li>Continue edema management</li> </ul> <p><b>ROM</b></p> <ul style="list-style-type: none"> <li>Full ROM</li> </ul> <p><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>*AVOID open chain resistance exercise</li> <li>Mini squats/wall squats</li> <li>Step ups</li> <li>Hamstring: bridge, standing hamstring eccentrics</li> <li>Heel raises/calf press</li> <li>Hip strengthening</li> <li>Progress proprioception</li> <li>Stationary bike, elliptical</li> </ul> <p><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Full ROM</li> <li>Minimal effusion</li> <li>Functional control for ADLs</li> <li>DC brace: with adequate quad control for gait on level surfaces, inside. 6 weeks post op</li> </ul>	<p><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>No downhill walking/running/skiing or biking until 4.5 months</li> <li>May begin road biking on flat roads only</li> <li>May begin treadmill walking</li> </ul> <p><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Progress neuromuscular proprioception</li> <li>Strengthening (lunges, sport cord, wall squats, step up/down)</li> </ul> <p><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Neuromuscular exercise without difficulty</li> </ul>	<p><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>No downhill walking/running/skiing or biking until 4.5 months</li> <li>May start freestyle swimming (avoid frog/breastroke)</li> </ul> <p><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Light running/hopping at 12 weeks</li> <li>Progress plyometrics</li> <li>Agility drills</li> <li>Leg press 0-60 degrees</li> <li>Begin endurance CKC (stair stepper, stationary bike, elliptical)</li> </ul> <p><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Run without effusion</li> <li>Hopping/agility without knee pain or effusion</li> </ul>	<p><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Earliest return to sport is 9 months</li> </ul> <p><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Running program</li> <li>Agility drills</li> <li>Plyometric program</li> <li>Sports specific exercise</li> </ul> <p><b>GOALS or Criteria to return to sport</b></p> <ul style="list-style-type: none"> <li>&gt;90% of limb symmetry on Functional Testing</li> </ul>

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