

ACL and MCL Reconstruction

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The surgeon may 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 – 4) | Phase II (Weeks 4 – 8) | Phase III (Weeks 8 – 12) | Phase IV (Weeks 12 – 28+) |
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| <p>PRECAUTIONS</p> <ul style="list-style-type: none"> WBAT with crutches Wear brace at all times except when bathing <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling/Wound management NMES Gait Training <p>EXERCISES</p> <ul style="list-style-type: none"> Gentle AROM/AAROM Patellar mobilization Ankle pumps Quad sets SLR (no extensor lag, in brace) NMES is strongly recommended to improve quad strength <p>CRITERIA to advance...</p> <ul style="list-style-type: none"> SLR without lag Single leg stance w/ UE support ROM <ul style="list-style-type: none"> Extension: 0° Flexion: 70° | <p>PRECAUTIONS</p> <ul style="list-style-type: none"> WBAT with crutches until sufficient quad control then discontinue crutches Wear brace at all times (except when bathing) locked in extension until good quad control then open 0-90° CKC (0-60°) for strength training <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Swelling management Work on normalizing gait NMES Manual knee flexion and extension stretching Light scar mobilization when wound closed Pool therapy when OK'ed by MD <p>EXERCISES</p> <ul style="list-style-type: none"> AROM, AAROM, PROM for flexion and extension Bike for ROM Forward and lateral step ups Double leg calf raises Basic 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: > 110° | <p>PRECAUTIONS</p> <ul style="list-style-type: none"> Watch for patellofemoral pain FWB Continue brace for ambulation until good quad control and 12 weeks postop Watch hip/knee alignment with single leg squatting <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 CKC hip strengthening - single leg without dynamic valgus Step downs Core exercises <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 5° of uninvolved side | <p>PRECAUTIONS</p> <ul style="list-style-type: none"> Watch hip/knee alignment with single leg squatting No jumping, cutting, or sprinting until cleared Hold on return to run or hop testing until quad limb symmetry index (LSI) is > 80% and minimal effusion Functional brace for cutting/sports activities <p>CLINICAL CARE</p> <ul style="list-style-type: none"> Blood Flow Restriction Training for atrophy as needed <p>EXERCISES 12-20 weeks</p> <ul style="list-style-type: none"> Leg press (double progress to single) Advance CKC strengthening single leg without dynamic valgus Seated knee extension (90-45°) Lunges Begin light hamstring strengthening <p>20+ weeks</p> <ul style="list-style-type: none"> Stairmaster, elliptical 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 Agility drills/plyometrics <p>28+ 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 |