



IDAHO SPORTS MEDICINE INSTITUTE™

1188 University Drive □ Boise, Idaho 83706 □ (208) 336-8250 □ fax 345-9514
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ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION **General Rehabilitation Guidelines**

DO NOT PERFORM ANY ACTIVITY UNTIL INSTRUCTED. THE FOLLOWING GUIDELINES ARE TO BE INDIVIDUALIZED FOR EACH PATIENT.

Home Exercise Program: (done 1-2 X/ day through 2 months post-op):

- Passive ROM—work for full extension and full flexion (unless limited by meniscal repair) at least twice daily. Emphasize full extension, including hyperextension, equal to the other knee
- Patellar mobilization—medial, superior, inferior glides and lateral tilt done with the quads relaxed.
- Isometrics/ Exercises—quad sets, knee squeezes, straight leg raises, short arc/terminal extensions (done with no resistance below the knee), hamstring sets, resisted plantar flexion, seated and/or standing quad sets with surgical tubing resistance behind the knee
- Gait training—with crutches, weight bear as tolerated, using a heel-toe gait and working for full extension of the knee. Crutches may be discontinued (unless otherwise instructed) as soon as patient has good muscle tone, motion, and can walk without a limp. To help with gait, practice marching in place, in front of a mirror, or holding on to a counter, and practice balancing on one (the injured) leg.
- I.C.E.S.—Ice, compression, elevation, and support. Continue use of the Breg unit or ice as needed, especially after exercises, at the end of the day, or whenever you've overdone it. Ice with the leg elevated (from the heel, not just from the knee) and work the ankle a bit to help reduce swelling. Wear the ace wrap whenever you are up.

Sports Therapy: (three times a week, either in clinic, home, or health club)

- Continue isometrics, straight leg raises, short arcs, with emphasis on quad contraction and control—use biofeedback or NMS as needed to facilitate VM.
- PRE's:
 - Leg press/shuttle—not to exceed 90 degrees of flexion
 - Hamstring curls through the full ROM (unless limited by meniscal repair)—double and single leg. If hamstring autograft repair used, resistance should be kept light/relatively pain-free.
 - Quadriceps/extensions from 90 degrees to 40 degrees: double and single leg as tolerated—eccentrics as indicated. If patellar tendon autograft used for repair, resistance will need to be kept light to avoid straining extensor mechanism.
 - Calf raises—double and/or single leg
- Functional exercises
 - Short squats—adding dumbbell and barbell weight as tolerated
 - Standing knee extensions with tubing (placed behind the knee)
 - Step ups, step overs, step downs—front, side, back
 - Progress gait training to stepping over “hurdles” 2-6” high, treadmill work, etc.
 - Balance work
 - Proprioceptive/functional training
- Aerobic exercise
 - Stationary cycling (unless limited by meniscal repair)—may cycle outside when ROM is adequate and WB status allows. Use no toe clips for 4-6 weeks
 - Stairmaster
 - Elliptical trainer
 - Treadmill walking on incline
 - Swimming—no frog or vigorous flutter kick, walking in pool OK



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