

# ACL and Collateral Ligament Reconstruction Protocol

## Post-operative

- **Cricket pad splint applied in theatre at approx. 30°**
- Cricket pad splint to be **exchanged for long lever hinged knee brace on 1<sup>st</sup> post-operative day** with de-bulking of dressings. **Brace set at 10° - 90° for 6 weeks; to be worn at all times**
- Instructions on home exercises in brace
- TAQ's
- SLR
- Active assisted knee flexion on sliding board
- Mobilised **non-weight bearing with crutches and brace**
- **Discharge home on 1<sup>st</sup> post-operative day** if there are no signs of distal neuro-vascular deficit and pain, wound and mobility allow a safe discharge. **Patient should not be discharged with cricket pad splint.**

## Day 1 – 14

- CPM – applied if assessed as necessary by ward Physio
- General leg exercises – hip abd / add, gluts
- Check patient's removal / application of brace (for bathing only)
- **Avoid EOR extension/hyperextension** (when brace removed)
- Instruct on home ice packs for pain and swelling management
- Home exercises in brace checked and reinforced
- **No inner range quads**
- Make ward **referral to OP physio**

## 2 – 12 Weeks

- To **mobilise within brace non-weight bearing for 6 weeks** and **increase to FWB as tolerated thereafter** (by 3 months).
- **Brace unlocked at 6 weeks to allow full flexion and extension.** The brace can now be removed for ROM exercises only.
- Continue with ACL rehabilitation within brace as weight bearing allows / applicable but **only closed chain exercises.**

## 12 Weeks

- Full weight bearing
- **Discard brace**

## Goals

- To reach 90° flexion by 6 weeks, 120° by 10 weeks
- Full weight bearing between 6-12 weeks
- Removal of brace at 3 months post-op

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