ACL and PCL Protocol

Immediately post-op (O/P physio arranged for 1/52)

- Cryocuff beneath long lever brace (10-90°), applied in theatre.
- Swelling management (Cryocuff/elevation).
- Gentle passive/active-assisted knee flexion and extension.
- Patella mobilisation (superior/inferior, medial/lateral).
- TAQ's, SLR in brace (30 reps 4-5x daily).
- NWB for 6 weeks.
- Avoid tibial external rotation postures and OKC hamstrings for 4 months

Goals: Control pain and swelling, preserve patellofemoral mobility.

1-6 weeks

- Check for evidence of distal neurovascular deficit (including DVT) and infection.
- Continue with patellar and tibiofemoral mobility ex's (avoiding hyperextension).
- Continue with SQ's and SLR in brace.
- NWB hip/lumbo-pelvic muscle maintenance exercises.
- OKC knee extension **between 90-40**° with no weight.
- Increase OKC extension by 10^o each week from week 5 (i.e. 90-0^o by week 8).

Goals: ROM $0-90^{\circ}$ by 2/52 post-op, terminal extension and 120° by 6/52.

7-12 weeks

- Start PWB and open brace to allow FROM.
- Static bike no resistance (starting with 5 mins every other day, increase time as able).
- Continue with ROM and strength exercises.

13-16 weeks

- WBAT from week 12 if no limp and able to SLR without lag.
- Wean off brace as confidence allows.
- Start ACL class ex's (avoiding OKC hamstrings): limit single leg press to <25% body weight and squats <50% body weight (both <70° knee flexion) initially, increasing weight as able.
- Swimming with avoidance of breast stroke kick until 4/12.

16 weeks +

- Brisk walking program (20-30 mins daily, add 5 mins per week).
- Add resistance to static bike and start OKC hamstrings.
- Advance through ACL class progressions as able.
- Jogging once patient can perform 20 single leg squats >60° flexion.
- Progress to ACL advanced class ex's once top level ACL class ex's completed.

9 months +

Gradual return to contact sports if >85% of good leg on functional testing.

References

Lunden et al (2010) Current Concepts in the Recognition and Treatment of Posterolateral Corner Injuries of the Knee, *Journal of Orthopaedic & Sports Physical Therapy*. Vol: 40 (8), pp 502-515.

Van Grinsven et al, (2010) Evidence-based rehabilitation following anterior cruciate ligament reconstruction, *Knee Surg Sports Traumatol Arthrosc.* Vol 18, pp 1128-1144.

Written by: Mr Richard Norris, Orthopaedic Physiotherapy Specialist Ratified by: Professor MJ McNicholas, Consultant Orthopaedic Surgeon

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