

ACL and PLC 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 1st post-operative day** with de-bulking of dressings. **Brace set at 10° - 90° for 6 weeks; to be worn at all times.**
- Swelling management (Elevation).
- Gentle passive/active-assisted knee flexion and extension.
- TAQ's, SLR in brace. Provide Home exercise programme.
- **NWB for 6 weeks.**
- **Avoid tibial external rotation postures and OKC hamstrings for 4 months.**
- **Discharge home on 1st 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.**
- Make Ward referral to OP physio.

1-6 weeks

- Remove brace for washing/dressing and for supervised exercises if required. Or open brace to allow the exercises described below.
- Continue with brace 10°-90° at other times.
- Continue with patellar and tibiofemoral mobility ex's (**avoid 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 (set brace to these angles).
- Increase OKC extension by 10° each week from week 5 (i.e. 90-0° by week 8).
- **Goals: ROM 0-90° by 2/52 post-op, full extension - 120° by 6/52.**

7-12 weeks

- **Start PWB and open brace to allow FROM.**
- Static bike without resistance.
- Continue with ROM and strength exercises.

12-16 weeks

- **WBAT from week 12** if no limp and able to SLR without lag.
- Wean off brace.
- Brisk walking program (20-30 mins daily).
- **CKC ex's:**
 - Double progressing to single leg squats (**<70° flexion**).
 - Leg press <25% body weight to fatigue (<70° knee flexion).
- **Avoid resisted isolated hamstrings exercises.**
- Swimming with avoidance of breast stroke kick until 4/12.

16 weeks +

- 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 speed, agility, quickness and plyometric drills gradually. Consider sports specific movements.

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 Ar*

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