

ACL RECONSTRUCTION REHABILITATION

Post Operation Instructions

After 4 hours remove any drains, if no continued drainage

Intravenous antibiotic (Keflin or similar, 1 gm 6th hourly)

The knee will be bandaged in Velband and crepe, which are reduced to a tubigrip bandage on discharge.

Crutches are usually not required but may be helpful for a week or two; you can walk fully on the knee.

To reduce the risk of DVT (leg clots) Clexane injections for 10 days, along with calf exercises and stockings.

Weeks 0 to 2

GOAL

Reduce pain, swelling, begin muscle control rehabilitation and standing, weight bearing

PAIN AND SWELLING

Control by simple painkillers: Panadeine, Panadol, Non-steroidal anti-inflammatories and cold therapy (3 to 4 times daily for 20 minutes and after physiotherapy).

WEIGHT BEARING

Weight bearing as tolerated with or without crutches as needed.

EXERCISES

1. Hamstring static contraction at 30/60/90°
2. Hamstrings Quadriceps, co-contraction 30/60/90° and standing if possible.

Week 2 to 6 (see Dr Burrow at 2 weeks Post-Op)

GOAL

Attain full Range of motion (0 to 150°).

Full weight bear

Increase hamstring and quadriceps control.

Decrease swelling use cold therapy.

WEIGHT BEARING

Attain full weight bearing - as good quadriceps control as achieved.

HAMSTRINGS

Begin active strengthening - concentric contraction initially side lying, progressing against gravity, and eventually to eccentric

CO - CONTRACTION

Begin quarter squat, continue static co-contraction and also in full extension.

PROPRIOCEPTION

Begin single stance proprioception work at week 4 to 6.

GAIT

Begin gait re-education

SWIM

Wounds healed and dry, may walk in pool and do laps with straight kicking (no breast stroke).

BIKE

Begin static bike machine at week 4. No resistance initially.

Week 6 to 12 (see Dr Burrow at 8 weeks Post-Op)

CO - CONTRACTION

May proceed to half squats against gravity. Continue static program. May begin closed chain leg curls at gym, using and progressing to 5 to 20 kg weights. Step up/down exercises.

PROPRIOCEPTION

Begin lunges. Shift weight bearing from one foot to the other.
Begin mini trampoline and progress to wobble board.

BIKE

Increase resistance on stationary bike
Thence begin ordinary bike (flat ground riding, no hills).

SWIMMING

Continue straight kick laps and walking, begin jogging in the pool.

GAIT

Progress to gentle jogging on firm ground (i.e. on grassy oval surface), no hills, no sprints and no stepping.

12 to 20 weeks (see Dr Burrow at 12-16 weeks Post-Op)

STRENGTHENING

1. Half squats with progressive weights.
2. Leg Presses with progressive weights.
3. Leg Curls with progressive weights.
4. Step work with progressive higher steps.

PROPRIOCEPTION

Mini trampoline - progress to single leg hop and gentle side to side step.

GAIT

Begin sport specific (running/training).
Begin figure of 8 cycles with progressive smaller 8's.
Begin side and backward running exercises.

20 to 24 weeks (see Dr Burrow at 20-24 weeks Post-Op)

STRENGTHENING

Continue to increase weight in gym from closed to open chain. Resisted leg extensions, squats and leg curls.

GAIT

Return over 4 weeks to non-contact training.

FOOTBALL

No sprigs for 4 weeks, training for 4-6 weeks progressing to practise game then a normal game

SKIING

Bindings set on low release settings for 8 weeks.

24 to 28 weeks

Return to sport as confidence, training and return of normal muscle strength tests allow.

GREGGORY BURROW