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ACL + PCL Reconstruction

Post-Operative Rehabilitation Protocol

0-2 weeks

- NWB x 6 weeks with crutches
- Use immobilizer for 3–7 days until good quadriceps control. Then, transition to Dynamic PCL Brace (Rebound Brace).
 - Dynamic PCL brace to be used for 6 months post-operatively.
- ROM (Prone only) → to avoid tension on PCL graft via posterior tibial glide from gravity
 - Passive flexion 0-90 degrees,
 - Active Assisted extension 70 to 0 degrees
 - o Emphasize maintenance of full extension
 - <u>NO</u> active knee flexion and open chain hamstring isometrics x 8 weeks
- Patella mobilization
- Towel extensions
- Prone hangs
- SLR supine with brace locked at 0 degrees
- Quadriceps isometrics at 60 degrees

2-6 weeks

- ROM (Prone only):
 - Active Assisted extension 90-0 degrees
 - Passive flexion 0-90 degrees
- Short crank (90mm) ergometry
- SLR's (all planes): Progressive Resistance
- Multiple-angle Quadriceps Isometrics: 60 to 20 degrees

6-12 weeks

- Begin WBAT progression advance TTWB to PWB (25% then 50%) starting at 6 weeks
- Full WB by 8 weeks post-op
- Discontinue crutches when gait is non-antalgic (6-8 weeks)
- Initiate Forward Step-Up program (6-8 weeks)

Weight Bearing Status

NWB x 6 weeks

Brace Settings

-Immobilizer for about 3-7 days

- Transition to PCL brace once good quad control obtained.
 - -Wear PCL brace x 6 months

ROM Restrictions

PROM 0-90° beginning POD 1 in <u>Prone</u> Position



- Stationary bike with low resistance settings and leg presses to a maximum of 70 of knee flexion is initiated
- Leg Press, Mini-Squats (60-0 degree arc)
- Standard ergometry (if knee ROM > 115 degrees)
- AAROM exercises
- Stairmaster (6-8 weeks)
- Proprioception Training (Prop Board, BAPS)
- Aquacisor (gait training)
- Retrograde treadmill ambulation
- Initiate Step Down Program (8-10 weeks)

12-20 weeks

- Leg Press: Squats (80 to 0 degree arc)
- AAROM exercises
- Proprioception Training (Prop Board, BAPS)
- Lunges
- Advanced Proprioception training (perturbations)
- Agility exercises (sport cord)
- Versaclimber
- Retrograde treadmill running
- Quadriceps stretching

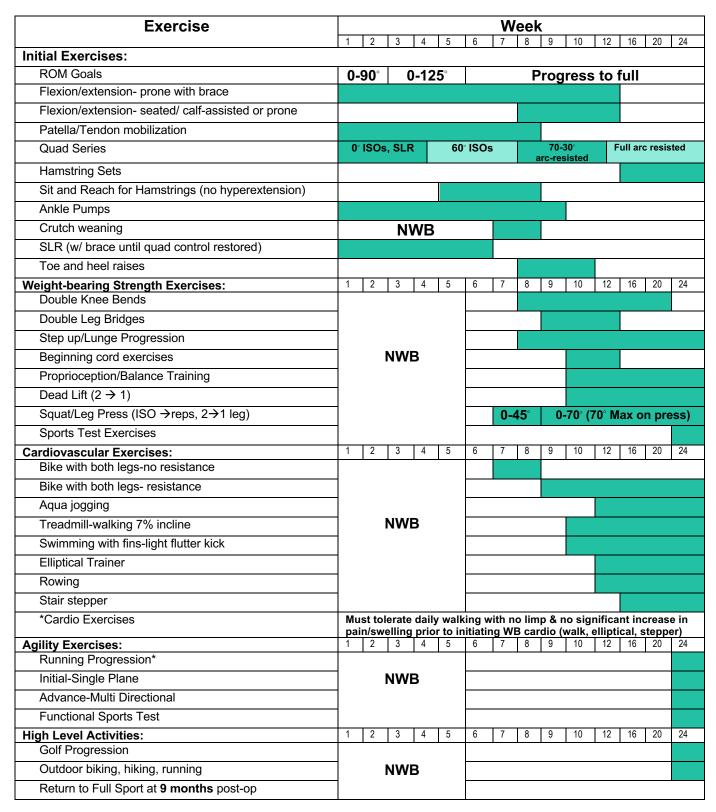
20-26 weeks

- Start forward running (if descend 8" step satisfactorily)
- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Initiate plyometric program (if sufficient strength base)
- Functional Hop Test (>85% contralateral)

>26 weeks

- Dynamic brace can be discontinued if kneeling stress x-rays demonstrate less than 2mm of difference.
- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Advance plyometric program
- Advance agility and sport specific program







Quad Series:

- •Quad sets (5 sec hold) also quick contractions (NMES to supplement)
- Prone quad sets
- •SLR with no extension leg
- Progression of Quad Strengthening (WB exercises at 6 weeks)
- •LAQ in safe range -no added resistance to begin
- •Once weight bearing tandem stance TKE with 5 sec hold
- •Isometric wall sit
- •SLR with resistance
- Step up progression
- Squat progression
- •Leg press progression
- Lunge progression

Hamstring Series:

- Hamstring stretching (supine/prone)
- •Hamstring set (heel dig)- contract hamstring with knee flexed pressing heel into the floor (5 sec hold)
- Hamstring curls
- Progress to resisted hamstring curl

Sport Test Exercises:

- •Goals: impact training and introduction of directional drills
- Double leg squat jumps
- Box jumps
- Speed skaters
- Double leg jumps for height and distance progress to single leg as tolerated
- •Blaze pod change of direction drills

Further Clarifications and Considerations

- •May begin to implement BFR as early as 1 week into post-op period
- •Functional Sports Test: Baseline completed around 7 months post-op with subsequent test at 9 months



Return to Running Criteria

- •Trace effusion, flexion within 5 degrees of contralateral side
- LSI on anterior reach Y balance test ≥ 90%
- LSI on quadriceps torque output on isometric measurement ≥ 75%
- •12" SL squat tolerance
- Able to walk > 1 mile with no limping or pain
- Able to "hop" with UE assist on operative leg 5 times without pain or compensation
- SL balance with eyes closed 30 seconds without loss of balance



Return to Agility/Change of Direction Criteria

- •Return to running criteria listed above met
- No effusion
- Full ROM
- •Quad LSI on isokinetic ≥85%
- Hamstring LSI on isokinetic ≥85%
- •LSI on anterior reach Y-balance ≥ 95%
- •SL hopping pain-free and effusion free



Return to **Sport Criteria**

- •In order to test must demonstrate full AROM, no pain, no/trace effusion, 5/5 strength, negative lachman and pivot shift, LSI ≥95% hamstring curl and leg press
- •Quadricep strength ≥95% of contralateral side (< 2cm of atrophy)
- Able to perform single leg squat with correct form
- •LSI SL hop ≥95%
- •Y-Balance ≥95% (mean of 3 trials in anterior, posterolateral, posteromedial /100)
- Vertical jump test, single leg hop distance, and timed single leg hop over 20 -feet ≥90% of contralateral

