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FCL Reconstruction

Post-Operative Rehabilitation Protocol

0-6 weeks

- NWB for 6 weeks with crutches
- Brace locked in extension for ambulation and sleeping x 6 weeks
- Avoid tibial rotation, hypertension and varus force to the knee

■ ROM:

- Wall slides/supine heel slide with strap
- Seated knee flexion with contralateral LE assist

Neuromuscular control:

- o Quad Set, Prone TKE, SLR in brace
- Use of NMES if insufficient volitional quad activation.
- Quad isometrics at 90, 60, 30 and 0 deg knee flexion S/L hip ABD in brace
- o Prone hip extension brace
- Ankle mobility and resisted motions in all planes in supine, long sit or seated position.
- Supine and seated core stabilization.
- Seated/supine anti rotation/pallof
- Supine core isometrics with UE and LE dissociative movements

Criterion to progress

- o Pain free ROM 0-90
- Pain/swelling controlled
- SLR without extensor lag

6-12 weeks

- No kneeling for 12 weeks post op
- Progress to PWB and then FWB/wean off assistive device
- Discharge crutches then brace when adequate quad activation/strength

Weight Bearing Status

NWB x 6 weeks

Brace Settings

Locked straight x 6 weeks wher ambulating or sleeping. Otherwise open brace once good quad contro

ROM Restrictions

PROM 0-90° beginning POD 1

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ROM:

Stationary bike

Proprioception and balance:

Initiate balance training

Strengthening

- Closed chain functional exercise
- Mini squat, Stepup, lunging in sagittal plane (no flexion >70 deg)
- o Bridge
- Side steps
- Keep band proximal to minimize varus force on knee
- Core strength and endurance

Criterion to progress:

- Pain free, non-antalgic gait without assistive device for limited distances
- PROM normalized to contralateral side 100%
- Dynamometry 80% compared contralaterally with muscle testing

12-20 weeks

- Initiate transverse plane and multiplanar motions
- Initiate plyometrics
- Restore power

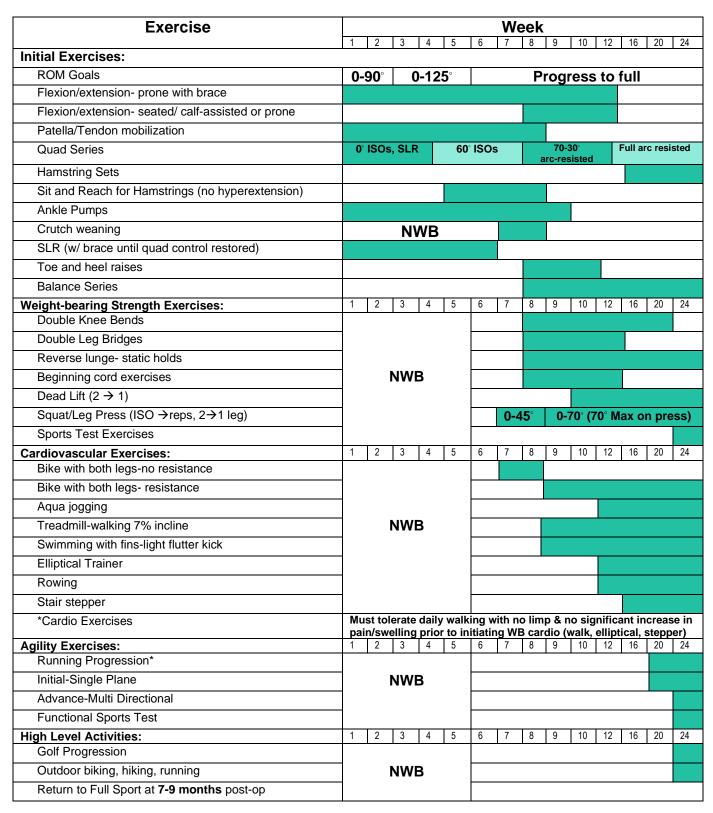
Criterion to progress:

- Y-balance test >90%
- o 60 sec continuous SL squat to 60 deg without femoral and lumbo-pelvic compensations
- Plank and side plank 60 sec without compensations
- Dynamometry 90% compared contralaterally with muscle testing
- o Return to prior level of function with minimal symptoms

>20 weeks

- Alter G initiated at 20 weeks for running
- Full body running at 24 weeks
- Sport specific dynamic exercises





Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS



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

- •Double Knee Bends: feet shoulder width apart, bend knees to 30°, keeping knees behind the toes.
- •Cord exercises (resistance band/cord): resisted double knee bends, resisted hamstring curls
- •May begin to implement BFR as early as 1 week into post-op period



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 side

