



# Mid-America Orthopedics

**Dr. John Babb**

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## ACL RECONSTRUCTION PROTOCOL

### Day 1 Post-op

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present, re-cover with 4x4's, and notify Dr Babb (may need antibiotics).
- **NO ice bags** on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- **Brace:** Opened to full ROM- Will wear for 6 weeks.
- **Ambulation:** WBAT w/ crutches if no meniscus repair or chondral changes
- **PROM:**
  - 0°-90°
  - Patella Mobilization
  - Ham, Gastroc, Soleus, Stretches
- **Strengthening:**
  - SLR (All planes)
  - Quad sets
  - Ankle pumps (PF with band)
  - Weight Shifts
  - Optional: Mini squats, mini anterior lunge (0°-20° only)

### Day 2-6 Post-op (2-4 Visits/week)

- **Brace:** Opened to full ROM
  - Ambulation: WBAT w/ 1 crutch until normal gait achieved
  - ROM: 0°-100° at minimum
- **Strengthening:**
  - Step-ups, step-downs
  - Balance and proprioception work
  - Lunges: all planes
  - Gentle lateral movements: Side steps, walk through carioca, etc.
- **Aerobic conditioning**
  - Stationary bike

**Day 7-13 Post-op (2-4 Visits/week)**

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- **Brace:** continue with brace
- **Ambulation:** should be off crutches
- **ROM:** 0°-110° at minimum
- **Incisions:** begin scar massage on portals
- **Strengthening:**
  - Challenge balance: medicine ball tosses, walking lunges
  - Continue to progress closed chain strengthening

**Day 14-41 Post-op (2-4 Visits/week)**

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- **Brace:** continue with brace
- **ROM:**
  - 0°-120° at week 4 at minimum
  - 0°-135° at week 6 at minimum
  - DO NOT FORCE PAST 135
  - **Strengthening:**
  - Cardio equipment: NO running, jumping, sport activity
  - Weight equipment:
    - Squat rack (1/4 to 1/2 squats)
    - Unilateral leg press
    - Ham Curls
    - Free weights
    - Lunges with handheld weights
- **Total body control:** dumbbell activities for combo work or strength/ balance/ proprioception

**6-12 Weeks Post-op (2-4 Visits/week)**

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- **Brace:** Wean out of brace
- **ROM:** Full range by 6-8 weeks
- **Strengthening:** Continue advancing
  - Cardio
  - Strength training
  - Proprioception
  - Increased range
  - Increased load/demand
  - Simulation of functional activities: return to sport positions/ reaches
  - Lunge matrix with dumbbells
  - Light, short distance throwing (NO pitching), free throws, and chipping/putting
- **9-10 Weeks Post-op:** Low level step and sticks to work toward bent-knee landing in preparation for running

### 3 Months Post-op

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- **Straight ahead running**
  - Start with 100 yds at half speed on soft level surface
  - Add 100 yds every other day
  - Work up to 1 mile or 1760 yds
- **Gentle lateral movements:**
  - Defensive slide
  - Floor ladder
  - Figure 8's
  - Carioca's
- **Transverse plane movements:**
  - Pivots
  - Steps with rotation
- **Low level plyometrics:** stationary jumps, hops, skipping rope. Refer also to MAO plyometric program
- Golf and Outdoor bike

### 6 Months Post-op

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- **Cutting drills**
- **Advance sport specific drills:**
  - Soccer: Hard kicks if surgery leg is kick leg, do not plant on surgery leg
  - Basketball: lay ups and jump shots, no scrimmaging or one on one
  - Softball/Baseball: Throwing, hitting, running bases
  - Racquet sports: low level hitting against backboard
- **Increase running program**
  - Speed
  - Rounded turns
  - Backpedal
  - Low level direction changes
- **Aggressive agility drills:**
  - Jump
  - Hop
  - Plyometric activities
- **Teach deceleration and injury prevention techniques:**
  - Rounded turn
  - Bent knee landings
  - 3-step stops
- **Criteria for return to sport:**
  - Isometric quad/hamstring testing on surgery leg  $\geq 95\%$  of non-surgery leg
  - Functional hop testing (broad jump, single leg hop, single leg triple hop with control, single leg triple hop with crossover) on surgery leg  $\geq 95\%$  of non-surgery leg

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.