Rehabilitation Following Acute ACL, MCL, LCL, PL

PREOPERATIVE PHASE

Goals: Diminish inflammation, swelling, and pain Restore normal range of motion (gradual knee extension) Restore voluntary muscle activation Provide patient education to prepare patient for surgery

Brace - Elastic wrap or knee sleeve to reduce swelling

Weight Bearing - As tolerated with or without crutches

Exercises: *Ankle Pumps *Passive knee extension (gradual progression) *Passive knee flexion to tolerance *Straight Leg Raises (3 Way, Flexion, Abduction), Pillow Squeezes *Quadriceps Setting *Closed kinetic chain exercises: mini squats, lunges, step-ups

Muscle Stimulation – Electrical muscle stimulation to quadriceps during voluntary quadriceps exercises (4 to 6 hours per day)

Neuromuscular/Proprioception Training -

- Eliminate quad avoidance gait
- Retro stepping drills
- Joint repositioning on Sports RAC
 - Passive/active reposition at 90, 60, 30 degrees
 - CKC squat/lunge repositioning on screen

Cryotherapy/Elevation – Apply ice 20 minutes of every hour, elevate leg with knee in full extension (knee must be above heart)

Patient Education – Review postoperative rehabilitation program Review instructional video (optional) Select appropriate surgical date

I. IMMEDIATE POST-OPERATIVE PHASE (Day 1 to Day 7)

Goals: Gradual passive knee extension Diminish joint swelling and pain Restore patellar mobility Gradually improve knee flexion Re-establish quadriceps control Restore independent ambulation

Postoperative Day 1

Brace – EZ Wrap brace/Immobilizer applied to knee, locked in full extension during ambulation of Protonics

Weight Bearing - Two crutches, weight bearing as tolerated

Exercises: *Ankle pumps

*Overpressure into passive knee extension

- *Active and Passive knee flexion (90 degree by day 5)
- *Straight leg raises (Flexion, Abduction), Pillow Squeezes
- *Quadriceps isometric setting
- *Hamstring stretches
- *Closed kinetic chain exercises: mini squats, weight shifts

Muscle Stimulation – Use muscle stimulation during active muscle exercises (4-6 hours per day)

Continuous Passive Motion – As needed, 0 to 45/50 degrees (as tolerated and as directed by physician)

Ice and Evaluation – Ice 20 minutes out of every our and elevate with knee in full extension

Postoperative Day 2 to 3

Brace – EZ Wrap brace/Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting,etc.

Weight Bearing - Two crutches, weight bearing as tolerated

- Range of Motion Remove brace perform range of motion exercises 6-8 times per day Perform frequent bouts of ROM to regain knee flexibility
- Exercises: *Multi-angle isometrics at 90 and 60 degrees (knee extension) *Knee Extension 90-40 degrees *Overpressure into extension (knee extension should be at least 0 degrees to slight hyperextension) * Emphasize restoring knee extension *Patellar mobilization
 - *Ankle pumps
 - *Straight leg raises, Pillow Squeezes
 - *Mini squats and weight shifts
 - *Quadriceps isometric setting

Muscle Stimulation - Electrical muscle stimulation to quads (6 hours per day)

Continuous Passive Motion - 0 to 90 degrees, as needed

Ice and Evaluation – Ice 20 minutes out of every hour and elevate leg with knee in full extension

Postoperative Day 4 to 7

Brace – EZ Wrap brace/Immobilizer, locked at zero degrees extension for ambulation and unlocked for sitting, etc.

Weight Bearing – Two Crutches weight bearing as tolerated

Range of Motion – Remove brace to perform range of motion exercises 6-8 times per day, knee flexion 90 degrees by day 5, approximately 100 degrees by day 7

Exercises: *Multi-angle isometrics at 90 and 60 degrees (knee extension) *Knee Extension 90-40 degrees *Overpressure into extension *Patellar mobilization (5-8 times daily) *Ankle pumps *Straight leg raises, Pillow Squeezes *Mini squats and weight shifts *Standing Hamstring curls *Quadriceps isometric setting

*Proprioception and balance activities

Neuromuscular training/proprioception – OKC passive/active joint repositioning at 90, 60 degrees

CKC squats/weight shifts with repositioning on sports RAC

Muscle Stimulation - Electrical muscle stimulation (continue 6 hours daily)

Continue Passive Motion - 0 to 90 degrees, as needed

Ice and Elevation - Ice 20 minutes of every hour and elevate leg with knee full extension

II. EARLY REHABILIATION PHASE (Week 2-4)

Criteria to Progress to Phase II

- 1) Quad Control (ability to perform good quad set and SLR)
- 2) Full passive knee extension
- 3) PROM 0-90 degrees
- 4) Good patellar mobility
- 5) Minimal joint effusion
- 6) Independent ambulation
- **Goals:** Gradual increase to full passive knee extension Gradually increase knee flexion Diminish swelling and pain Muscle control and activation Restore proprioception/neuromuscular control Normalize patellar mobility

<u>Week Two</u>

Brace - Continue locked brace for ambulation

- Weight Bearing As tolerated (goal is discontinue crutches 10-14 days post-op) Passive Range of Motion – Self-ROM stretching (6-8 times daily), emphasis on maintaining full, passive range of motion
- Exercises: *Muscle stimulation to quadriceps exercises *Isometric quadriceps sets *Straight Leg raises (4 planes) *Leg Press (0-60 degrees) *Knee extension 90-40 degrees *Half squats (0-40) *Weight shifts *Front and side lunges *Uni-cam bicycle (low intensity cycling) *Proprioception training *Overpressure into extension *Passive range of motion from 0 to 105 degrees

*Patellar mobilization *Well leg exercises *Progressive resistance extension program – start with 1 lb., progress 1 lb. per week

Proprioception/Neuromuscular Training

*OKC passive/active joint repositioning 90, 60, 30 degrees *CKC joint repositioning during squats/lunges *Initiate squats on tilt board use sports RAC with repositioning

Swelling control - Ice, compression, elevation

Week Three

Brace – Discontinue locked brace (some patients use ROM brace for ambulation)

Passive Range of Motion – Continue range of motion stretching and overpressure into extension (ROM should be 0-100/105 degrees)

Exercises: *Continue all exercises as in week two *Passive Range of Motion 0-105 degrees *Bicycle for range of motion stimulus and endurance (emphasize ROM on bike) *Pool walking program (if incision is closed) *Eccentric quadriceps program 40-100 (isotonic only) *Lateral lunges (straight plane) *Front Step Downs *Lateral Step-Overs (cones) *Progress Proprioception drills, neuromuscular control drills

*Frequent bouts of ROM exercises

III. <u>PROGRESSIVE STRENGTHENING/NEUROMUSCULAR CONTROL PHASE</u> (Week 4-10)

Criteria to Enter Phase III

- 1) Active Range of Motion 0-115 degrees
- Quadriceps strength 60 % > contralateral side (isometric test at 60 degree knee flexion)
- 3) Unchanged KT Test bilateral values (+1 or less)
- 4) Minimal to no full joint effusion
- 5) No joint line or patellofemoral pain
- **Goals:** Restore full knee range of motion (0 to 125 degrees) Improve lower extremity strength Enhance proprioception, balance, and neuromuscular control Improve muscular endurance Restore limb confidence and function
- Brace No immobilizer or brace, may use knee sleeve to control swelling/support
- Range of Motion Self-ROM (4-5 times daily using the other leg to provide ROM), emphasis on maintaining zero degrees passive extension - PROM 0-125 degrees at 4 weeks

KT 2000 Test - (Week 4, 20 lb. anterior and posterior test)

Week 4

Exercises: *Progress isometric strengthening program *Leg Press (0-100 degrees) *Knee extension 90 to 40 degrees *Hip Abduction and Adduction *Hip Flexion and Extension *Lateral Step-Overs *Lateral Lunges (straight plane and multi-plane drills) *Lateral Step Ups *Front Step Downs *Wall Squats *Vertical Squats *Standing Toe Calf Raises *Seated Toe Calf Raises *Biodex Stability System (Balance, Squats, etc) *Proprioception Drills *Bicycle *Stair Stepper Machine *Pool Program (Backward Running, Hip and Leg Exercises)

Proprioception/Neuromuscular Drills

- Tilt board squats (perturbation)
- Passive/active reposition OKC
- CKC repositioning on tilt board with sports RAC
- CKC lunges with sports RAC

Week 6

- KT 2000 Test 20 and 30 lb. anterior and posterior test
- Exercises: *Continue all exercises *Pool running (forward) and agility drills *Balance on tilt boards *Progress to balance and ball throws *Wall slides/squats

Week 8

- **KT 2000 Test** 20 and 30 lb. anterior and posterior test
- Exercises: *Continue all exercises listed in Weeks 4-6 *Leg Press Sets (single leg) 0-100 degrees and 40-100 degrees *Plyometric Leg Press *Perturbation Training *Isokinetic exercises (90 to 40 degrees) (120 to 240 degrees/second) *Walking Program *Bicycle for endurance *Stair Stepper Machine for endurance *Biodex stability system

<u>Week 10</u>

- KT 2000 Test 20 and 30 lb. and Manual Maximum Test
- Isokinetic Test Concentric Knee Extension/Flexion at 180 and 300 degrees/second
- Exercises: *Continue all exercises listed in Weeks 6, 8 and 10 *Plyometric Training Drills *Continue Stretching Drills *Progress strengthening exercises and neuromuscular training

IV. ADVANCED ACTIVITY PHASE (Week 10-16)

Criteria to Enter Phase IV

- 1) AROM 0-125 degrees or greater
- 2) Quad strength 75% of contralateral side, knee extension flexor:extensor ratio 70% to 75%
- No change in KT values (Comparable with contralateral side, within 2 mm)
- 4) No pain or effusion
- 5) Satisfactory clinical exam
- 6) Satisfactory isokinetic test (values at 180 degrees) Quadriceps bilateral comparison 75% Hamstrings equal bilateral Quadriceps peak torque/body weight 65% at 180°/s (males) 55% at 180°/s (females) Hamstrings/quadriceps ratio 66% to 75%
- 7) Hop Test (80% of contralateral leg)
- 8) Subjective knee scoring (modified Noyes System) 80 points or better

Goals: Normalize lower extremity strength

- Enhance muscular power and endurance Improve neuromuscular control Perform selected sport-specific drills
- Exercises: *May initiate running program (weeks 10-12) if good quad control and ROM

*May initiate light sport program (golf)

- *Continue all strengthening drills
 - Leg press
 - Wall squats
 - Hip Abd/Adduction
 - Hip Flex/Ext
 - Knee Extension 90-40
 - Hamstring curls
 - Standing toe calf
 - Seated toe calf
 - Step down
 - Lateral step ups
 - Lateral lunges

*Neuromuscular training

- Lateral step-overs cones
 - Lateral lunges
 - Tilt board drills
 - Sports RAC repositioning on tilt board

Week 14-16

*Progress program *Continue all drills above *May initiate lateral agility drills *Backward running

V. <u>RETURN TO ACTIVITY PHASE</u> (Week 16-22)

Criteria to Enter Phase V

- 1) Full Range of Motion
- 2) Unchanged KT 2000 Test (within 2.5 mm of opposite side)
- 3) Isokinetic Test that fulfills criteria
- 4) Quadriceps bilateral comparison (80% or greater)
- 5) Hamstring bilateral comparison (110% or greater)
- 6) Quadriceps torque/body weight ratio (55% or greater)
- 7) Hamstrings/Quadriceps ratio (70% or greater)
- 8) Proprioceptive Test (100% of contralateral leg)
- 9) Functional Test (85% or greater of contralateral side)
- 10) Satisfactory clinical exam
- 11) Subjective knee scoring (modified Noyes System) (90 points or better)
- **Goals:** Gradual return to full-unrestricted sports Achieve maximal strength and endurance Normalize neuromuscular control Progress skill training
- Tests KT 2000, Isokinetic, and Functional Tests before return

Exercises *Continue strengthening exercises

- *Continue neuromuscular control drills
 - *Continue plyometrics drills
 - *Progress running and agility program
 - *Progress sport specific training
 - Running/cutting/agility drills
 - Gradual return to sport drills

6 MONTH FOLLOW-UP

12 MONTH FOLLOW-UP

Isokinetic test KT 2000 test Functional test

Isokinetic test KT 2000 test Functional test