



ACL Arthroscopic Primary Repair

Applicability: Physician Practices	Date Effective: 11/2016
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 1/2018
Supersedes: ACL Arthroscopy Primary Staple Repair (Dr. Beattie)	
Administration Approval: Amy Putnam, VP Physician Practices	

Purpose: Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Certified Athletic Trainers and/or Physical Therapy Assistants.

Background: N/A

Definitions: ACL= Anterior Cruciate Ligament

Procedure:

Outpatient PT begins post op day 3

Week 0-6 weeks (Post Op)

Brace:

- 0-2 weeks -- Locked 0 degrees
- 3-4 weeks—progress to 10-60 degrees
- 5-6 weeks—progress to 0-90 degrees

Dressing Change: post op dressing will be removed at initial PT visit, portals cleansed and band aids applied. If Aquacel AG is used this will remain in place until post-op day 7 and then can be removed.

Gait: PWB progressing to FWB as tolerated with brace at all times

DC crutches at 3 weeks if pain well controlled

Suggested Exercises:

1. Ankle and Toe AROM
2. Resisted Ankle DF, PF with knee held in extension
3. Hip Abd, Add, Flexion, Extension ROM with knee held in extension
4. Knee ROM- active flexion, passive extension—in brace
5. Hamstring- Flexion against brace. Isometrics- against light resistance at 20 degrees
6. Quads- bent leg raises
7. Simultaneous isometric quads and hams initiating with hams with knee flexed maximally against brace
8. Once unlocked to 10-60 degrees- high squats



Weeks 7 to 12 (Post Op)

Brace: wean from brace

Suggested Exercises:

1. Hamstrings- isometrics→resisted strengthening
2. Hamstring passive stretching
3. Gastroc- stretch/strengthen
4. Hip strengthening all directions progressing as tolerated
5. Continue quadriceps strengthening progressing as tolerated
6. Open and closed chain lower extremity strengthening progressing as tolerated
7. Restore full AROM
 - a. Posterior glide of tibia to increase flexion
 - b. Patellar mobilizations
 - c. Hold- relax to hamstrings to increase extension

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services.

Monitoring Plan: Rehab Chart Audit

Related Policies: N/A

References: N/A

Reviewers: Rehab and Ortho

A. Key Stakeholders: Michael Barnum, Ortho Medical Director

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing, Manager Rehab Services. Karen Staniels
Director of Ortho and Rehab

Not part of policy: [ADD Key words for policy search if end user didn't know the name]