

DR FRED NOUH

M.B.B.S FRACS (Ortho)
Prov No: 227760LX, ABN: 27 141 749 519

Orthopaedic Surgeon

Suite 5B, Piccadilly Centre, 341-349 Crown Street, Wollongong, NSW 2500
Suite 2, Level 1, 42 Parkside Crescent Campbelltown NSW 2560

Tel. 1300 20 80 80 Fax. (02) 4620 8086

Post-operative Protocol

Anterior cruciate ligament reconstruction patients:

Analgesia, circ obs, weight bear as tolerated, home when comfortable. Follow up in my rooms in two weeks. No brace required, physiotherapy to commence immediately post-op.

GENERAL GUIDELINES

- Focus on protection of graft during primary revascularization (8 weeks) and graft fixation (8 –12 weeks)
- Early range of movement
- No Bracing
- Can weight bear as tolerated straight after surgery
- No bathing/showering (sponge bath only) until after suture removal.
- Driving: 1 week for automatic cars, left leg surgery. 2-4 weeks for standard cars or right leg surgery
- Use of crutches for ambulation for 4 weeks with adequate quad function
- Return to full sporting activities takes up to 9 months

PHASE I: Early post-operative phase (1 to 6 weeks):

Goals:

Control pain and swelling.

Wean off crutches and correction of gait on level surfaces.

Obtain full active range of movement of the knee

Maintain full extension, avoid hyperextension of the knee

- Rest Ice and compression to control swelling
- Wall slides/ Heel slides
- Stationary bike (resistance free)
- Straight leg raises. knee extension until quadriceps strength is regained to prevent extension lag
- Weight shifting exercises: One leg balance, Stand on the operated leg with it slightly bent. Balance for 30 sec.
- (Sit to stand)
- Hamstring stretching
- Gait retraining (normal heel-toe gait with knee in full extension)

PHASE II: Strengthening and neuromuscular control (weeks 6 to 12 after surgery):

Goals:

Preparation to return to activities and sports Restore normal gait with stair climbing

Increase proprioception, full active range of motion

Adequate quadriceps control with no extensor lag,

Progress to the proprioceptive stage of rehabilitation.

- Closed chain Weight bearing exercises such as wall slides, partial squats, step-ups, low resistance leg press (initially at 90-30, progressing to terminal extension leg press). Weight bearing terminal knee extension with theraband. Progress from double leg to single leg squats and extension.

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Post-operative Protocol

Anterior cruciate ligament reconstruction patients continued:

- Rocker board, single leg balance, 360 degree wobble board, double/single leg Trampet.
- Can commence low impact straight line aerobic activities towards the end of phase II. (exercise bike with resistance, cycling, swimming and jogging on flat).
- Avoid open chain exercises until 12 weeks after surgery

Phase III: 3-6 months after surgery

Goals:

Aim to achieve a quadriceps index of 85% or greater

Improve strength, ROM, endurance, and proprioception of the lower extremity to prepare for sport activities

Normalise running mechanics

Commence sports specific exercises:

- initiate jogging on level surfaces in a straight line or in long curves (Starting at about 12 weeks)
- Cycling outdoors, and pool workouts (eg. Jogging in water)
- Return to golf starting with the driving range at about 4 months after the reconstruction
- Solo, non-competitive sports activity is permitted eg: hitting a ball against a wall
- Gym Activities/muscle strengthening: Exercise bike with resistance, leg press/leg curls, squatting with resistance, cross trainer. Progress to light jogging on treadmill at approx 4 months
- Avoid sudden deceleration
- Initiate open kinetic chain leg extension
- Continued proprioceptive training: Wobble board, Mini trampoline and single leg squats.
- Commence agility test (i.e., figure eight, circles, forward, backward, changing direction, zig-zag);
- Commence polymetric activities: one leg jumping and two legs jumping, hopping
– straight line and lateral

Phase IV: 6-9 months after surgery

Goals:

Graded return to sports

Increase proprioceptive training

Agility progression including:

- Side steps
- Crossovers
- Figure 8 running
- Shuttle running
- One leg and two leg jumping
- Cutting
- Acceleration/deceleration/sprints
- Agility ladder drills

Commence light sport specific training (Football drills, Rugby drills)

7-9 months after surgery: return to full contact sports
