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# REHABILITATION GUIDELINES: BEAR IMPLANT FOR ACL REPAIR

PHASE I (0-4 WEEKS POST-OP)	DATES:
Appointments	MD appointment at (2 weeks post-op)  Begin physical therapy (3-5 days post-op, 2x week)
Rehabilitation Goals	<ul> <li>Edema control (Ice/elevate)</li> <li>Slow progression of knee ROM</li> <li>Quad re-education (BFR and NMES)</li> <li>Protect repair</li> </ul>
Precautions	<ul> <li>Gait: PWB 50% with crutches and brace on and locked to 0 degrees x 4 weeks</li> <li>ROM Progression: 0-30 degrees at 0-2 weeks, 0-60 degrees at 2-4 weeks</li> <li>Sleep with brace on and locked at 0 degrees x 6 weeks</li> <li>No Scar massage until 6 weeks post-op</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>Passive knee extension stretching towel under ankle (no prone extension hang until 4 weeks post-op)</li> <li>Supine, seated heel slides for knee ROM within protocol limitations</li> <li>Quad set, SAQ once 0-30 degrees has been optioned is ok, SLR, avoid open chain ex's with any resistance, BFR and NMES ex's encouraged</li> <li>Patellar mobility</li> </ul>
Cardiovascular Exercises	Seated UBE arm bike
Progression Criteria	4 weeks out from surgery
PHASE II (4-6 WEEKS POST-OP)	DATES:
Appointments	Continue physical therapy (2x week)

Gain full knee extension Good quad contraction Minimize pain and swelling

Gait: WBAT weaning from crutches 4-6 weeks

Precautions

Rehabilitation Goals

	<ul> <li>If Quad control is appropriate, unlock brace 0-90 with walking WBAT</li> <li>ROM Progression: 0-90 degrees at 4-6 weeks</li> <li>Brace on and locked at 0 degrees for sleep</li> <li>No Scar massage until 6 weeks post-op</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>Prone knee extension stretch can be added to extension stretching</li> <li>Continue with patellar mobility all planes</li> <li>Continue with quad strength/activation (quad sets, add SLR if no extension lag present,</li> <li>Initiate closed kinetic chain ex's with step-ups, stair reciprocal training, mini-squats, as allowed per protocol with ROM and brace use.</li> <li>Gait training progressing to normal heel-to-toe with brace unlocked 0-90</li> </ul>
Cardiovascular Exercises	Seated UBE arm-bike
Progression Criteria	6 weeks post-op

# PHASE III (6-12 WEEKS POST-OP) DATES:

Appointments	Continue physical therapy (2x week)
Rehabilitation Goals	<ul> <li>Minimize pain and swelling</li> <li>Full knee extension ROM</li> <li>Good quad control (able to do 20 SLR with no extension lag)</li> <li>Normal gait pattern</li> </ul>
Precautions	<ul> <li>0-110 degrees AROM by week 7, then ROM to full</li> <li>Change from Hinged knee brace to ACL brace when ROM &gt; 110 degrees.</li> <li>ACL brace worn during walking and all weight bearing/CKC ex's x 12 weeks</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>SLR with no extension lag</li> <li>Bilateral squats</li> <li>HS curls</li> <li>Open/closed chain proximal hip strength ex's</li> <li>Calf raises</li> <li>Reciprocal stair training (step up/down)</li> <li>Water jogging ok in pool starting at 8 weeks post-op</li> </ul>
Cardiovascular Exercises	Bike (no resistance) ROM
Progression Criteria	Ability to do 20 SLR with no extension lag

	<ul> <li>Normal gait</li> <li>Full extension and at least 90 degrees knee flexion ROM</li> </ul>
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# PHASE IV (12-20 WEEKS POST-OP) DATES:

Appointments	Continue physical therapy (2x week)
Rehabilitation Goals	<ul> <li>Full ROM</li> <li>Strength progression</li> <li>Proprioception and Balance progression and training</li> </ul>
Precautions	<ul> <li>Return to running may start at week 18 if ok by surgeon</li> <li>No pivot/cutting motions</li> <li>No plyometrics until 20 weeks post-op</li> </ul>
Suggested Therapeutic Exercises	<ul> <li>Closed Kinetic Chain strength as focus progressing from bilateral to single leg (squats, lunges, step up/down)</li> <li>Single leg strength progression including single leg balance</li> <li>Leg press</li> <li>Proximal hip/core strength progressing from double leg to single leg</li> </ul>
Cardiovascular Exercises	<ul> <li>Bike</li> <li>Swimming with flutter kick only can start at 12 weeks</li> <li>Running may start at 18 weeks if cleared by surgeon</li> <li>Walk/hiking</li> </ul>
Progression Criteria	<ul> <li>Full ROM</li> <li>Good strength and control with daily activities</li> </ul>

# PHASE V (20-30 WEEKS POST-OP) DATES:

Appointments	Continue physical therapy (1-2x week)
Rehabilitation Goals	<ul> <li>Return to pain free running</li> <li>Plyometric training without pain or instability</li> </ul>
Precautions	No cutting or pivot motions
Suggested Therapeutic Exercises	<ul> <li>Continue with double leg and single leg closed kinetic chain strength</li> <li>Begin double leg progressing to single leg plyometrics</li> <li>Continue with proprioception and balance progressing to single leg</li> </ul>

Cardiovascular Exercises	Running (no cutting or pivot) and biking
Progression Criteria	<ul> <li>Running without pain</li> <li>Able to hold single leg balance for at least 10 sec</li> <li>50% hop height on operated leg compared to non-operated leg</li> </ul>

### PHASE VI (30-52 WEEKS POST-OP) DATES:

Appointments	Continue physical therapy (1x week)
Rehabilitation Goals	<ul> <li>Running with pivot/turns at 75% speed without difficulty</li> <li>Jumping without difficulty</li> <li>Hop test at 75% of non-operative leg</li> <li>At 36-50 weeks goal of 85% strength and hop test of non-operative leg</li> </ul>
Precautions	Return to sport given before cleared by surgeon for cutting sports
Suggested Therapeutic Exercises	<ul> <li>Continue single leg closed kinetic chain strength</li> <li>Continue with single leg plyometrics</li> <li>Agility training with change of direction, cutting, and pivot training</li> <li>Sport specific training</li> </ul>
Cardiovascular Exercises	Running and biking
Progression Criteria	<ul> <li>Running with cutting/pivot motions with confidence</li> <li>Able to hold single leg balance for at least 30 sec</li> <li>95% hop height on operated leg compared to non-operated leg</li> <li>Pass return to sport test</li> </ul>

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