



Adam N. Whatley, M.D.
6550 Main St., STE. 2300
Zachary, LA 70791
Phone(225)658-1808 Fax(225)658-5299

ACL Hamstring Tendon Autograft Reconstruction Protocol

The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone an ACL hamstring tendon autograft reconstruction. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

GENERAL GUIDELINES

- Focus on protection of graft during primary re-vascularization (8 weeks) and graft fixation (8 –12 weeks)
- CPM not commonly used
- For ACL reconstruction performed with meniscal repair or transplant, defer to ROM and weightbearing precautions outlined in the meniscal repair/transplant protocol.
- The physician may alter time frames for use of brace and crutches
- Supervised physical therapy takes place for 4-7 months
- Use caution with hamstring stretching/strengthening based on donor site morbidity

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

- No bathing/showering (sponge bath only) until after suture removal. Brace may be removed for bathing/showering.
- Sleep with brace locked in extension for 1 week or as directed by PT/MD for maintenance of full extension
- Driving: 1 week for automatic cars, left leg surgery
2-4 weeks for standard cars, or right leg surgery
- Post-op brace locked in full extension (0-1 week) for ambulation & sleeping
1-3 weeks- unlock brace (<90°) as quad control allows
3-4 weeks- wean from brace as patient demonstrates good quad control and normal gait mechanics
- Use of crutches/brace for ambulation for 4 weeks with adequate quad function
- Weight bearing (0-1 week)- PWB with crutches and brace
- Return to work as directed by PT/MD based on work demands

REHABILITATION PROGRESSION

PHASE I: Immediately post-operatively to week 4

Goals:

- Protect graft and graft fixation with use of brace and specific exercises
- Minimize effects of immobilization
- Control inflammation and swelling
- Full active and passive extension/hyperextension range of motion. Caution: avoid hyperextension greater than 10°
- Educate patient on rehabilitation progression
- Flexion to 90° only in order to protect graft fixation
- Restore normal gait on level surfaces

Brace:

- 0-1 week- post-op brace locked in full extension for ambulation and sleeping
- 1-3 weeks- unlock brace (<90°) as quad control allows
- 3-4 weeks- wean from brace as patient demonstrates good quad control and normal gait mechanics
- 4-8 weeks- patient should only use brace in vulnerable situations (e.g. crowds, uneven terrain, etc)

Weightbearing Status:

- 0-1 week- partial weightbearing with two crutches to assist with balance
- 1-4 weeks- partial weightbearing progressing to full weight bearing with normal gait mechanics
- Wean from crutches/brace for ambulation by 4 weeks as patient demonstrates normal gait mechanics and good quad control as defined as lack of quadriceps lag

Exercises:

- Active-assisted leg curls 0-1 week. Progress to active as tolerated after 1 week. Delay strengthening for 12 weeks.
- Heel slides (limit to 90°)
- Quad sets (consider NMES for poor quad sets)
- Gastroc/Soleus stretching
- Very gentle hamstring stretching at 1 week
- SLR, all planes, with brace in full extension until quadriceps strength is sufficient to prevent extension lag- add weight as tolerated to hip abduction, adduction and extension.
- Quadriceps isometrics at 60° and 90°
- If available, aquatic therapy (once sutures removed) for normalizing gait, weightbearing strengthening, deep-water aquajogging for ROM and swelling

PHASE II: Post-operative weeks 4 to 12

Criteria for advancement to Phase II:

- Full extension/hyperextension
- Good quad set, SLR without extension lag
- Flexion to 90°
- Minimal swelling/inflammation
- Normal gait on level surfaces

Goals:

- Restore normal gait with stairclimbing
- Maintain full extension, progress toward full flexion range of motion
- Protect graft and graft fixation
- Increase hip, quadriceps, and calf strength
- Increase proprioception

Brace/Weightbearing Status:

- If necessary, continue to wean from crutches and brace.

Exercises:

- Continue with range of motion/flexibility exercises as appropriate for the patient
- Initiate CKC quad strengthening and progress as tolerated (wall sits, step-ups, mini-squats, Leg Press 90°-30°, lunges)
- Progressive hip, hamstring, calf strengthening (gradually add resistance to open chain hamstring exercises at week 12)
- Continue hamstring, Gastroc/Soleus stretches
- Stairmaster (begin with short steps, avoid hyperextension)
- Nordic Trac, Elliptical machine for conditioning
- Stationary Biking (progressive time and resistance)
- Single leg balance/proprioception work (ball toss, balance beam, mini-tramp balance work)
- If available, begin running in the pool (waist deep) or on an unweighted treadmill at 10-12 weeks

Phase III: Post-operative weeks 12 to 18-20 (4 ½-5 months)

Criteria to advance to Phase III include:

- No patellofemoral pain
- Minimum of 120 degrees of flexion
- Sufficient strength and proprioception to initiate running (unweighted or in pool)
- Minimal swelling/inflammation

Goals:

- Full range of motion
- Improve strength, endurance, and proprioception of the lower extremity to prepare for sport activities
- Avoid overstressing the graft. Progressively increase resistance for hamstring strengthening
- Protect the patellofemoral joint
- Normalize running mechanics
- Strength approximately 70% of the uninvolved lower extremity per isokinetic evaluation

Exercises:

- Continue flexibility and ROM exercises as appropriate for patient
- Initiate open kinetic chain leg extension (90°-30°), progress to eccentrics as tolerated
- Isokinetics (with anti-shear device)- begin with mid range speeds (120°/sec-240°/sec)
- Progress toward full weightbearing running at about 16 weeks
- Begin swimming if desired
- Recommend isokinetic test with anti-shear device at 14-16 weeks to guide continued strengthening
- Progressive hip, quad, hamstring, calf strengthening
- Cardiovascular/endurance training via stairmaster, elliptical, bike
- Advance proprioceptive activities

Phase IV: Post-operative months 4 ½ or 5 through 6-7

Criteria for advancement to Phase IV:

- No significant swelling/inflammation
- Full, pain-free ROM
- No evidence of patellofemoral joint irritation
- Strength approximately 70% of uninvolved lower extremity per isokinetic evaluation
- Sufficient strength and proprioception to initiate agility activities
- Normal running gait

Goals:

- Symmetric performance of basic and sport specific agility drills
- Single hop and three hop tests 85% of uninvolved leg
- Quadriceps and hamstring strength at least 85% of uninvolved lower extremity per isokinetic strength test

Exercises:

- Continue and progress flexibility and strengthening program based on individual needs and deficits
- Initiate plyometric program as appropriate for patient's athletic goals
- Agility progression including, but not limited to:
 - Side steps
 - Crossovers
 - Figure 8 running
 - Shuttle running
 - One leg and two leg jumping
 - Cutting
 - Acceleration/deceleration/sprints
 - Agility ladder drills
- Continue progression of running distance based on patient needs
- Initiate sport-specific drills as appropriate for patient

Phase V: Begins at post-operative months 6 or 7

Criteria for advancement to Phase V:

- No patellofemoral or soft tissue complaints
- Necessary joint ROM, strength, endurance, and proprioception to safely return to work or athletics
- Physician clearance to resume partial or full activity

Goals:

- Safe return to athletics/work
- Maintenance of strength, endurance, proprioception
- Patient education with regards to any possible limitations

Exercises:

- Gradual return to sports participation
- Maintenance program for strength, endurance

Bracing:

- Functional brace generally not used, but may be recommended by the physician on an individual basis