## Phase 1 (0-6 weeks post-op)

### **Rehabilitation Goals**

- Protect surgical graft
- ROM: full knee extension, > 120° knee flexion
- · Regain adequate quadriceps control

### **PRECAUTIONS**

- Wear brace at all times (even while sleeping)
- NO stationary bike until 6 weeks post-op

### **Crutches**

- Weeks 1-2: PWB @ 10-25% body wgt
- Weeks 3-4: PWB @ 25-50% body wgt
- Weeks 5-6: PWB @ 50-75% body wgt

### **Brace**

- Weeks 1-2: locked at 0° extension
- Weeks 3-4: opened to 0-45°
- Weeks 5-6: opened to 0-90°

### Wound

- Post-op dressing remains intact until post-op day #3 (~72 hours after surgery)
- May begin showering after post-op day #3 (no need to cover incision site)
- **Do NOT** submerge knee in tub or pool for 4 weeks
- Bilateral compression stockings for 3-7 days: unilateral use thereafter as needed
- Suture/staple removal @ 10-14 days per Ortho/PT



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### Phase 1 (0-6 weeks post-op)

### Rehabilitation

- Frequent use of cryocuff and/or ice with lower extremity elevated
- Begin patellar mobilizations (10 reps each direction TID) after suture/staple removal
- · Begin scar massage after incision site sloughs/scar is formed
- Begin with the first 6 exercises below and add others gradually as tolerated

#### Weeks 1-2

- · Calf pumping with tubing
- Heel slides assisted as needed: within the limits of 0-90°
- Static quad sets (with estim until patient able to do 10 SLRs without extension lag)
- SLRs in the supine position only (may add light weight when pain free)
- · Supine passive extension with towel under heel
- · Gentle hamstring stretching

### Weeks 3-4

- SLRs (in brace): All directions
- · Short arc quads may add light weights as tolerated
- Double leg heel raises
- UBE and/or well leg cycle

### Weeks 5-6

- Heel slides assisted as needed: work within the limits of 0-120°
- Double leg mini-squats (0-45°)
- · Seated ankle disk training



## Phase 1 (0-6 weeks post-op)

### Follow-up

- · Physical Therapy: Weekly
- Ortho: ~6 weeks post-op
- Supervised rehabilitation: 2-3 x per week

### **Documentation**

- Precautions, pain level medications and modalities
- Observation: (incision sites) Signs/symptoms of infection? Site healing well? Effusion?
- Neurovascular status: Distal pulses, motor and sensation intact? Presence of calf pain?
- Knee ROM & quadriceps function



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### Phase 2 (7-12 weeks post-op)

### **Rehabilitation Goals**

- Normal gait and stair ambulation
- Full Knee ROM

### **PRECAUTIONS**

- Continue to wear brace at all times (even while sleeping)
- NO jogging/running until 3 months post-op

### **Crutches**

• Progress gradually to full weight-bearing during weeks 6-7 post-op

### **Brace**

• Open to full ROM with goal to D/C as soon as can do a SLR with no extension lag

### Rehabilitation

- Continue phase I exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no
  increase in knee pain or effusion since the previous exercise session)
- Note: all strengthening should be done with the brace on, starting with low weights, high repetitions, and in a painless ROM\*



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### Phase 2 (7-12 weeks post-op)

#### Weeks 7-8

- Stationary bike for conditioning begin with 5-10 minutes and progress gradually
- Beginning level pool exercises primarily sagittal plane exercises (No "whip" kicking)
- Gait training (cone walking, marching, retrowalking, cariocas, shuffles, etc.)
- Progressive strengthening (calf press, leg press, squats (0-45°), HS curls) (first set: 30 repetitions, then 1 additional sets at the same weight to muscle failure)
- Step-ups
- General LE stretching (calf, HS, quads, HF, hip adductors @~week 9)

### Weeks 9-10

- Progressive standing balance exercises (body blade, plyoball, platform training, etc.) (progress in duration, intensity, double leg to single leg, etc.)
- Progressive strengthening (calf press, leg press, squats (0-60°), HS curls, hip abd/add) (first set: 20 repetitions, then 2 additional sets at the same weight to muscle failure)

### Weeks 11-12

- · Along with stationary bike, gradually add elliptical and/or stairmaster for conditioning
- · Progressive pool program as tolerated

### Follow-Up

- PT: Bimonthly
- Ortho: ~12 weeks post-op
- Supervised rehabilitation: 2-3 x per week as needed

#### **Documentation**

- Precautions, pain level, medications, modalities
- Effusion
- Knee ROM & quadriceps function
- Gait



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## Phase 3 (4-6 months post-op)

### **Rehabilitation Goals**

- Jog at own pace and distance without pain
- > 90% quadriceps and hamstring strength compared to the uninvolved side
- > 90% hop for distance compared to the uninvolved side

### **PRECAUTIONS**

• NO participation in contact/collision sports or military schools until ~9 months post-op

### **Brace**

None

### Rehabilitation

- · Continue phase II exercises as needed
- Progress in duration and intensity of exercise only if there is no increase in knee pain or effusion since the previous exercise session



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## Phase 3 (4-6 months post-op)

#### Weeks 13-16

- Warm-up: 5-10 minutes (bike, elliptical, stairmaster)
- General LE stretching: 5-10 minutes (calf, HS, quads, HF, hip adductors)
- Progressive functional training (2 legged plyometrics, jump roping, etc.)
- Progressive strengthening (calf press, leg press, squats (0-60°), HS curls, hip abd/add) (first set: 10 repetitions, then 2 additional sets at the same weight to muscle failure)
- · Progressive balance training as needed
- Jogging on treadmill: start with 5 minutes per session. Do not exceed 20 minutes per session or 60 minutes per week until 4 months post-op

#### Weeks 17-26

- Progressive jogging program (increase time and/or distance no more than 10-20% per wk)
- Progressive functional training: Begin at 25-50% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, etc.)

### Follow-Up

- PT: monthly
- Ortho: ~6 months post-op
- Supervised rehabilitation: 1-2 x per week as needed

### **Documentation**

- Pain level & medications
- Effusion
- Knee ROM & quadriceps function
- Hop for distance

### **Miscellaneous**

- After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated.
- The recommendation is to wait until 9-12 months post-op to return to contact/collision sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.







