



PRE-OPERATIVE ACL REHABILITATION PROGRAM

General Notes:

This program was written for patients with isolated ACL injuries. Please modify as directed by physician if there are meniscal and/or other ligamentous injuries. Exercise suggestions are merely suggestions, and are not appropriate for every patient.

The following factors should provoke communication with or referral back to the treating physician:

- Visible increase in swelling lasting more than 48-72 hours
- Further loss of range of motion (ROM)
- Increased pain

Goals:

- Return range of motion to normal and decrease the risk of post-operative stiffness
- Normalize gait mechanics
- Decrease swelling
- Increase muscle strength in hips and core
- Improve balance
- Patient education regarding post-op care, strengthening/exercises and recovery

Brace:

- As needed/directed by referring physician

Weight Bearing:

- Full weight bearing
 - Crutches as necessary

ROM (range of motion) Goals:

- Full knee extension (straighten knee)
 - Heel prop
- Flexion (bend knee) to 135 degrees
 - Heel slides
 - Stationary bike

Therapeutic Exercise:

- Quad set, with NMES if necessary
- Calf raises (seated, standing)
- Four-way straight leg raises (SLR)
- Core strengthening as tolerated
- Proprioception exercises, as tolerated
- Lower extremity stretching, as tolerated
- Progression to CKC exercises, as tolerated



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Manual Therapy:

- Patellar mobilization
- Soft tissue massage, as needed
- Ankle mobilization, as needed

Modalities:

- Cryotherapy (ice) six to eight times per day for 15 to 20 minutes each
 - Dependent on effusion