

Anterior Cruciate Ligament Reconstruction Protocol

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After Surgery:

Toradol 60 mg IM prior to discharge (if admitted: 15-30 mg IM q6h, not prn)

Ancef / Kefzol 1 gm IV prior to discharge (if admitted: 1 gm IV q8h x 3 doses)

CPM (Continuous Passive Motion):

Begin in evening after surgery: 0° to 30°

Three times a day (morning, afternoon, evening) for 1 hour each session

Increase flexion each session as tolerated

Encourage full extension by placing roll or pillow under ankle (so that nothing touches the back of the knee) for at least 30 minutes after each CPM session

Brace stays on at all times, keep locked; unlock brace for CPM machine

Walking: Crutches for partial weight-bearing (25% weight on leg)

Brace locked when walking

Discharge (see separate “Post-Operative Instructions” sheet):

Home CPM machine – goal is 90° flexion at 10 days

Lay with roll under ankle after each CPM session to encourage full extension

Toradol (Ketorolac) 1 tablet (10 mg) every 6 hours for 5 days

After 5 days, begin Aspirin, 2 tablets (650 mg), twice daily (for 3 weeks)

Percocet 5/325 or Lortab 10/500 as needed for pain

Remove brace for daily dressing change: sterile gauze pads over incision, then re-apply ace bandage

Do not get dressing or incisions wet

Ten Days: (First office visit)

Patellar mobilization by patient

ROM: Flexion to 90° on CPM; return CPM once flexion > 90° for 3 days (day 10-14)

Maintain full extension (lay with roll under ankle three times a day)

Once CPM finished begin range of motion exercises by patient:

Allow leg to bend (flex) 90°

Active extension to 45°

Passive extension 45° to full extension (using other leg)

Meniscal repair: Range of motion restriction (usually 90° but ✓ with physician)

Brace: Wear brace at all times; remove to bathe

Lock brace when sleeping

Unlock brace when walking at 3 weeks, once cleared by therapist (*i.e.*, good quadriceps muscle control)

Walking: Progress weight bearing as tolerated

Expect full weight bearing at 4 weeks

Wean to cane

May get incisions wet when bathing (shower only; bath at day 20)

- Ten Days (cont.):** Begin physical therapy (three times per week):
 Closed chain exercises
 Squats (1/4)
 Step ups (1 inch)
 Open chain exercises:
 Flexion (hamstrings): active/passive, full range
 Extension (quadriceps): no terminal extension
 passive only: 45° to 0°
 active: 90° to 45°
 Bent knee leg raising (> 45°)
 Isometrics (co-contraction)
 Patellar mobilization
 Stationary bicycle when flexion > 90°
- Six Weeks:** Obtain knee x-ray (AP and lateral)
 (Office visit) Discontinue brace
 Progress to cane
 Continue physical therapy (three times per week):
 Progress range of motion to full flexion
 If meniscal repair: End of range of motion restrictions
 Progress closed chain exercises
 Begin open chain active extension, no resistance
- Eight Weeks:** Begin isotonic extension with resistance 90° to 45° (*e.g.*, Nautilus)
 Begin isokinetic exercise (Cybex) 90° to 45° with anti-shear device
- Three Months:** Progress isotonic extension with resistance to full range of motion
 (Office visit) Progress closed chain exercises
 Begin Pilates, floor barre (no standing barre)
- Four Months:** Progress isokinetic exercise to full range of motion
 Begin proprioceptive exercises
 May begin treadmill jogging
 Begin ballet class: barre only, no center
- Five Months:** Progress proprioceptive exercises
 (Office visit) Begin jump retraining
 Consider functional brace fitting
 Progress ballet class to center (adagio, progressing to turns as tolerated)
- Seven Months:** Sports-specific proprioceptive retraining
 Progress ballet class by adding jumps (beginning at barre, two-legged, and progressing as tolerated)
- Eight months:** Progress to full ballet, modern, jazz class
- Nine Months:** Return to sports
 Return to dancing