

ACL POST-OP PHASE #2: EARLY STRENGTHENING

This protocol is physician specific.... meaning that you should always check with the referring physician before incorporating any protocol to make sure it meets with their approval because as we all know many physicians have different ideas in how they would like their healing process incorporated into Physical Therapy. The following is the Aquatic portion of the protocol for ACL rehabilitation.

Patient may go into the pool when incision is closed, no drainage (generally after 2 weeks).

1. Flutter kick (buoyancy resisted)- prone/supine.
2. Scissor kick (buoyancy resisted)
3. Gait training in shallow water
4. Deep water walking with progression to deep water running
5. Standing on kickboard-increase L.E. Strength
6. ROM in therapeutic pool

Goals for this phase in its completion are:

1. Maintain full knee extension
2. Knee flexion to 90+ degrees
3. Normal full weight-bearing gait
4. Compliance with home program
5. Immediate identification of problem areas including:
 - Lack of extension
 - Abnormal gait pattern
 - Pain and/or swelling

Distances in the pool will vary (i.e. flutter kick) with the patients' cardiovascular fitness level and general overall fitness... will also vary with familiarity in the water.

It is recommended that aquatic activities as above continue into Phase III..., which begins approximately 8 weeks and ends approximately 12 weeks.

Goals for Phase III in its completion are:

1. Full active and passive motion of the knee
2. Normal full weight-bearing gait for walking and jogging
3. Quadriceps and Hamstring strength within 70% bilaterally.
4. Compliance with home program
5. Identification of problem areas:
 - Lack of full active and passive motion
 - Abnormal gait patterns
 - Inappropriate pain and/or swelling