Katherine J. Coyner, MD UCONN Musculoskeletal Institute

UCONN HEALTH

Medical Arts & Research Building 263 Farmington Ave. Farmington, CT 06030 Office: (860) 679-6600 Fax: (860) 679-6649 www.DrCoyner.com

Avon Office 2 Simsbury Rd. Avon, CT 06001 Office: (860) 679-6600 Fax: (860) 679-6649

ACL HAMSTRING TENDON AUTOGRAFT RECONSTRUCTION GUIDELINES

PHASE I (Weeks 1-4)

GENERAL GUIDELINES
☐ Focus on protection of graft during primary revascularization (8 weeks) and graft fixation (8-12 weeks)
□ No bathing/swimming until after suture removal and wounds healed
☐ Showering permitted with water-proof covering over sutures (Tegaderm/OpSite)
☐ Driving: Off all narcotic pain meds when operating vehicle
o 1 week for automatic cars, left leg surgery
o 2-4 weeks for standard/manual cars or right leg surgery
☐ Crutches for ambulation for 1-4 weeks as determined by MD/PT. Discontinue when gait is normalized (ie –
no limp present)
□ Brace use:
o WBAT locked in extension for 1-2 weeks per MD/PT. Must demonstrate good quad control and SLR without
lag to unlock brace.
o Sleep with brace locked in extension for 2-3 weeks or per MD/PT order
☐ Return to work as determined by MD/PT dependent on work demands
☐ Use ice and elevation for swelling/pain control
☐ If performed in conjunction with meniscal repair or other surgery, defer to most restrictive guidelines
GOALS
☐ Protect repaired structures
☐ Educate patient on rehab progression
☐ Decrease inflammation and swelling
□ Control pain
☐ Symmetrical active and passive knee extension/hyperextension ROM. Avoid hyperextension greater than 10
degrees.
☐ Passive knee flexion to 90 degrees
☐ Restore normalized gait on level surfaces within precautions
☐ Restore full patellar mobility
☐ Demonstrate good quad contraction

EXERCISES ☐ Quad sets
☐ Patellar mobilizations
☐ Heel slides limit to 90 degrees, AAROM prone knee flexion, seated flexion stretch
☐ Passive knee extension
☐ Hip SLR in 4 planes (in brace until can perform without quad lag)
 ☐ Gentle hamstring and gastrocnemius stretch ☐ Active assisted leg curls for 1 week. Progress to active and resisted as tolerated
☐ Aquatic therapy after sutures removed and wounds completely healed
☐ Stationary bike for ROM/strength
☐ Closed kinetic chain quad strengthening (wall sits, step-ups, mini-squats, leg press)
☐ Initiate proprioceptive exercises (single leg balance, ball toss, balance beam, BOSU, Airex)
☐ Calf strengthening
CRITERIA TO ADVANCE TO PHASE II
☐ Knee ROM: 0-90 degrees, AKHE
☐ Perform SLR without quad lag
□ Normalized gait per precautions
 □ Normal patellar mobility □ Minimal swelling/inflammation
in initial swelling initial initiation
PHASE II (Weeks 4-12)
GOALS
☐ Eliminate inflammation and swelling ☐ Full knee ROM (0-135 degrees)
☐ Active knee hyperextension
□ Normal gait on all surfaces without brace or assistive device
☐ Improve lower extremity strength
☐ Demonstrate stability with dynamic knee activities (no varus/valgus deviations)
EXERCISES
□ Advance ROM
☐ Progress hip, quad, hamstring, calf strengthening. Avoid open chain quad strengthening 30-0 degrees.
☐ Cross-training machines for conditioning
Advance lower extremity flexibility
☐ Advanced aquatic exercises
CRITERIA TO ADVANCE TO PHASE III
☐ Full knee ROM, including AKHE
☐ Demonstrates good quad strength with exercises
 □ Normal gait on all surfaces at community level distances □ Minimal swelling/inflammation
□ No pain with exercises

PHASE III (Weeks 12-24)

GOALS
☐ Increase strength to >85% non-involved extremity
☐ Advance proprioception exercises
☐ Improve aerobic endurance
☐ Initiate plyometric exercises
☐ Physician clearance to initiate return to running and functional progression
EXERCISES
☐ Spin bike
☐ Cybex training
☐ Pre-running exercises (low skips, punch steps, double punch steps, hurdle walks, high skips, kickbacks, step-
overs)
☐ Advance proprioceptive exercises (BOSU, single leg dynamic balance, dual task balance)
☐ Agility drills (ladder, side shuffles, crossovers, backwards run, quick start/stops, zig-zags, cutting)
☐ Jump training (shuttle training, trampoline, landing technique, box jumps, single leg hops, tuck jumps)
☐ Return to running – treadmill, with transition to level outdoor surfaces
☐ Continue strengthening - advance resistance and repetitions (ball hamstring curls, single leg press, core
stabilization)
CRITERIA TO ADVANCE TO PHASE IV
☐ Lower extremity strength greater than or equal to 85% of non-involved by Cybex test
☐ Single leg hop test greater or equal to 85% of non-involved
☐ No pain with forward running, agilities, jump training, or strengthening
☐ Good knee control with single leg dynamic proprioceptive activities
PHASE IV (Weeks 24-full return)
GOALS
☐ Full return to sport activity
☐ Equal bilateral lower extremity strength
☐ Equal bilateral balance, proprioception, power in lower extremity
□ 100% global function rating
EXERCISES
□ Advance above exercises
 □ Gradually increase level of participation in sports-specific activities □ Running on all surfaces