### **IMMEDIATE POST OP CRITICAL INFORMATION**

- Weight Bearing
  - ACLR only: WBAT
  - + meniscus repair: TTWB x 6 weeks
  - + meniscus repair: WBAT with knee brace locked at 0 degrees x 6 weeks
- □ ROM Expectations
  - + meniscus repair: 0-90 x 6 weeks
  - o ACLR only
    - 4 weeks: Knee extension ROM within 3-5 degrees v contralateral side <sup>3, 27</sup>
    - 12 weeks ROM goals: <sup>31, 32, 33</sup>
      - Extension = within 2° versus contralateral limb (Includes hyperextension)
        - ✓ Flexion = within 5° versus contralateral limb
- □ If Hamstring Autograft
  - No resisted and/or isolated hamstring strengthening x 8 12 weeks <sup>1, 37</sup>
- □ If Allograft
  - Consider slower progression into aggressive activities such as running, jumping, and cutting <sup>1, 12, 16, 37</sup>
- □ If Revision ACLR
  - The initiation of a running progression and functional testing are delayed <sup>1</sup>
- □ If + Meniscus Repair
  - Early return to strenuous activities, including impact loading, jogging, deep knee flexion, or pivoting in the first 4 to 6 months carries a definite risk of a repeat meniscus tear or tear to the transplant. <sup>28</sup>

### **POST-OPERATIVE REHABILITATION PHASES:**



### PHASE 1: PROTECTION PHASE (1 – 3 MONTHS)

#### □ Use of Brace and Assistive Devices

- $\circ$   $\;$  Criteria to Discharge Assistive Device
  - Straight leg-raise without extension lag x 20 repetitions
  - Single limb stance with brace locked x 30 seconds with good balance
  - No increased pain with FWB

#### • Criteria to Unlock Brace (with brace unlocked)

- Single leg balance and a slight knee bend x 30 seconds
- Able to perform a TKE while in a single leg balance

#### • Criteria to Discharge Brace (with brace off)

- Single leg balance with knee slightly bent and arm and contralateral leg swings x 30 seconds
- Single leg mini-squat/knee bends x 10 repetitions with good quad control, "no buckling"
- Normal gait mechanics without brace or assistive device

#### □ Criteria to Progress to Phase 2

- 12 weeks ROM goals <sup>31, 32, 33</sup>
  - Extension = within 2° versus contralateral limb (Includes hyperextension)
  - Flexion = within 5° versus contralateral limb
- Able to ambulate with FWB without an assistive device
- Ascend/descend stairs with reciprocal pattern (if ROM allows)
- No knee pain or swelling with daily tasks (i.e. walking, standing, stairs, etc.)

### PHASE 2: STRENGTH AND CONDITIONING (3 – 6 MONTHS)

#### □ Criteria to be Cleared for FWB Jumping Activities

- Able to squat with symmetrical weight bearing and correct lower extremity alignment<sup>4, 8, 9, 21, 26</sup>
- Strength:
  - HHD: Quads  $\geq$  80% of uninvolved <sup>1, 29</sup>
  - 100% BM single leg press and/or 150% BM double leg press/squat <sup>5, 26</sup>

#### □ Discharge or Continue Rehab? ACLR Testing Algorithm ACL Post-Operative Testing Competitive or General Orthopedic Recreational Population Athlete Non-contact sports or **Contact sports or sports** Full ROM without pain sports that DO NO that require repeated IKDC $\geq 85\%$ require repeated sprinting, sprinting, pivoting, Quad and HS > 90% pivoting, and/or cutting and/or cutting HS/quad ratio = 60% IKDC ≥ 85% IKDC > 85% Balance/proprioception WNL Quad and HS strength $\geq$ 90% Quad and HS strength $\geq$ 90% $\geq$ 90% on single, triple, and crossover hop tests \* $HS/quad ratio \ge 60\%$ HS/quad ratio $\geq 60\%$ \* Clinician dependent decision Pass FLEE test (minus LEFT test) Pass full FLEE test No pain, apprehension, or No pain, apprehension, or instability with simulated sport instability with simulated sport specific training specific training

### □ Criteria to Return to Running

- Strength:
  - HHD: Quads  $\geq$  80% of uninvolved <sup>1, 17, 24</sup>
  - RM leg press testing: 70 80% involved/noninvolved <sup>17, 37</sup>

#### • Dynamic Assessment Options:

- 30 step-and-holds without loss of balance or excessive motion outside sagittal plane <sup>17, 37</sup>
- ≥ 90% composite score on Y-balance test <sup>17</sup>
  - ✓ Composite score = (ANT reach + PM reach + PL reach)/( $3 \times 10^{-1}$  km length)
- Brigham and Women's Hospital foot contact screen (equivalent foot contacts equal to 2/3 of a mile) <sup>38</sup>
  - ✓ 90 sec rest breaks between sets
  - ✓ 3 min rest breaks between exercises

Two-legged ankle hops in place	3 x 30
Two-legged ankle hops: forward/backward	3 x 30
Two-legged ankle hops: side to side	3 x 30
One-leg ankle hops: in place	3 x 20
One-leg ankle hops: forward/backward	3 x 20
One-leg ankle hops: side to side	3 x 20
One leg broad jump	4 x 5
Total foot contacts:	470

#### □ Criteria to Progress to Phase 3

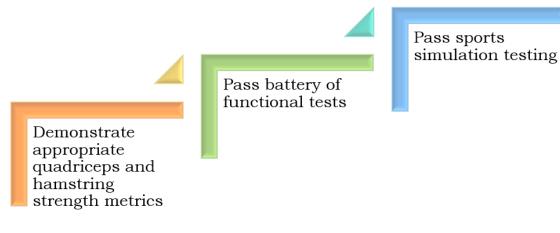
- Baseline hop test scores  $\geq$  85% <sup>37</sup>
- HHD Quadriceps and Hamstring strength <u>> 80%</u><sup>2, 6</sup>
- Displays a normal running pattern that does not increase pain <sup>37</sup>
- Able to tolerate various plyometric exercises pain free and with good form

### PHASE 3: SPORTS TRAINING (6 – 12[+] Months)

#### □ Criteria to Return to NON – CONTACT Sports Practice

- Strength:
  - HHD Quadriceps and Hamstring strength > 90% of uninvolved limb <sup>2, 23, 25</sup>, 34, 37
  - Quadriceps peak torque to body weight ratio <sup>30</sup>
     ✓ Ib x ft/lb bodyweight > 1.00
  - Hamstring to Quad Ratio
    - ✓ 60% for non-contact sports <sup>18, 20</sup>
    - ✓ Consider > 60% for:
      - a. Contact sports and/or sports that require repeated sprinting, pivoting, and/or cutting
      - b. Female athletes <sup>15</sup>
- Single, Triple Hop and Crossover Hop scores between 80-85% of uninvolved leg
   Optional Functional Hop Test Variations:
  - Single Leg Vertical Hop > 80 85% <sup>19</sup>
    - Single Leg Vertical Hop <u>></u> 80 85% -
    - Medial Side Triple Hop  $\geq$  80 85% <sup>7</sup>
    - Medial Side Rotation Hop  $\geq$  80 85% <sup>7</sup>
- Sport Specific: <sup>37</sup>
  - Has practiced and displays no hesitation or compensation strategies at 100% effort during:
    - ✓ agility drills (particularly when decelerating)
    - ✓ Normal loading (no genu valgum) and soft, athletic landings from all jumps and hops
    - ✓ During cutting drills (particularly when decelerating)

#### □ 3-Step Criteria for Full Return to Sports



- IKDC <u>> 85% <sup>36</sup> https://orthotoolkit.com/ikdc/</u>
- FLEE or Modified FLEE passing test scores > 90% 6, 13
  - Includes single leg hop test scores > 90% of uninvolved leg <sup>2, 25, 37</sup>
- Optional Functional Hop Test Variations:
  - Single Leg Vertical Hop 
     <u>></u> 90% <sup>19, 22, 35</sup>
  - Medial Side Triple Hop > 90%<sup>7</sup>
  - Medial Side Rotation Hop > 90%<sup>7</sup>
- No pain, apprehension, or instability with simulated sport specific testing <sup>1, 6, 10, 11</sup>

#### □ Return to Competition Progression (9 – 12 months, allograft 12+)<sup>3</sup>

- Sudden increases in workload after clearance to RTS may place athletes at an increased risk of reinjury. Therefore, a stepwise progression after RTS clearance and return to competition should be prescribed based on an athlete's individual sport
  - Noncontact practice
  - Small-sided contact practices (1 vs 1, 2 vs 2, 3 vs 3)
  - Full practice
  - Return to competition with restricted workload
  - Return to competition unrestricted

\*All without apprehension, pain, instability, effusion, or compensations

### **REFERENCES**

- Adams, D., Logerstedt, D., Hunter-Giordano, A., Axe, M. J., & Snyder-Mackler, L. (2012). Current concepts for anterior cruciate ligament reconstruction: a criterion-based rehabilitation progression. *journal of orthopaedic & sports physical therapy*, 42(7), 601-614.
- 2. Ardern, C. L., Ekås, G. R., Grindem, H., Moksnes, H., Anderson, A., Chotel, F., ... & Engebretsen, L. (2018). Prevention, diagnosis and management of paediatric ACL injuries. *British journal of sports medicine*.
- 3. Brinlee, A. W., Dickenson, S. B., Hunter-Giordano, A., & Snyder-Mackler, L. (2022). ACL reconstruction rehabilitation: clinical data, biologic healing, and criterion-based milestones to inform a return-to-sport guideline. *Sports Health*, *14*(5), 770-779.
- 4. Buckthorpe, M., Tamisari, A., & Della Villa, F. (2020). A ten task-based progression in rehabilitation after acl reconstruction: from post-surgery to return to play–a clinical commentary. *International journal of sports physical therapy*, *15*(4), 611.
- 5. Buckthorpe, M., & Della Villa, F. (2021). Recommendations for plyometric training after ACL reconstruction—A clinical commentary. *International journal of sports physical therapy*, *16*(3), 879.
- 6. Davies, G. J., McCarty, E., Provencher, M., & Manske, R. C. (2017). ACL return to sport guidelines and criteria. *Current reviews in musculoskeletal medicine*, *10*(3), 307-314.
- Dingenen, B., Truijen, J., Bellemans, J., & Gokeler, A. (2019). Test–retest reliability and discriminative ability of forward, medial and rotational single-leg hop tests. *The Knee*, 26(5), 978-987.
- Garrison, J. C., Hannon, J., Goto, S., Giesler, L., Bush, C., & Bothwell, J. M. (2018). Participants at three months post-operative anterior cruciate ligament reconstruction (ACL-R) demonstrate differences in lower extremity energy absorption contribution and quadriceps strength compared to healthy controls. *The Knee*, 25(5), 782-789.
- Garrison, J. C., Hannon, J., Goto, S., Kosmopoulos, V., Aryal, S., Bush, C., ... & Singleton, S. B. (2019). Knee loading after ACL-R is related to quadriceps strength and knee extension differences across the continuum of care. *Orthopaedic journal of sports medicine*, 7(10), 2325967119870155.
- Gokeler, A., Neuhaus, D., Benjaminse, A., Grooms, D. R., & Baumeister, J. (2019). Principles of motor learning to support neuroplasticity after ACL injury: implications for optimizing performance and reducing risk of second ACL injury. *Sports Medicine*, 49(6), 853-865.
- 11. Grooms, D., Appelbaum, G., & Onate, J. (2015). Neuroplasticity following anterior cruciate ligament injury: a framework for visual-motor training approaches in rehabilitation. *journal of orthopaedic & sports physical therapy*, *45*(5), 381-393.
- 12. Gulotta, L. V., & Rodeo, S. A. (2007). Biology of autograft and allograft healing in anterior cruciate ligament reconstruction. *Clinics in sports medicine*, *26*(4), 509-524.
- **13**. Haitz, K., Shultz, R., Hodgins, M., & Matheson, G. O. (2014). Test-retest and interrater reliability of the functional lower extremity evaluation. *journal of orthopaedic & sports physical therapy*, *44*(12), 947-954.

- Hansen, E. M., McCartney, C. N., Sweeney, R. S., Palimenio, M. R., & Grindstaff, T. L. (2015). Hand-held Dynamometer Positioning Impacts Discomfort During Quadriceps Strength Testing: A Validity and Reliability Study. *International journal of sports physical therapy*, 10(1), 62.
- 15. Hewett, T. E., Lindenfeld, T. N., Riccobene, J. V., & Noyes, F. R. (1999). The effect of neuromuscular training on the incidence of knee injury in female athletes. *The American journal of sports medicine*, *27*(6), 699-706.
- Jackson, D. W., Corsetti, J., & Simon, T. M. (1996). Biologic incorporation of allograft anterior cruciate ligament replacements. *Clinical Orthopaedics and Related Research* (1976-2007), 324, 126-133.
- 17. Joreitz, R., Lynch, A., Rabuck, S., Lynch, B., Davin, S., & Irrgang, J. (2016). Patient-specific and surgery-specific factors that affect return to sport after ACL reconstruction. *International journal of sports physical therapy*, *11*(2), 264.
- Kim, D., & Hong, J. (2011). Hamstring to quadriceps strength ratio and noncontact leg injuries: A prospective study during one season. *Isokinetics and Exercise Science*, 19(1), 1-6.
- **19.** Kotsifaki, A., Korakakis, V., Graham-Smith, P., Sideris, V., & Whiteley, R. (2021). Vertical and horizontal hop performance: contributions of the hip, knee, and ankle. *Sports Health*, *13*(2), 128-135.
- 20. Kyritsis, P., Bahr, R., Landreau, P., Miladi, R., & Witvrouw, E. (2016). Likelihood of ACL graft rupture: not meeting six clinical discharge criteria before return to sport is associated with a four times greater risk of rupture. *British journal of sports medicine*, *50*(15), 946-951.
- 21. Labanca, L., Laudani, L., Menotti, F., Rocchi, J., Mariani, P. P., Giombini, A., ... & Macaluso, A. (2016). Asymmetrical lower extremity loading early after anterior cruciate ligament reconstruction is a significant predictor of asymmetrical loading at the time of return to sport. *American journal of physical medicine & rehabilitation*, 95(4), 248-255.
- 22. Lee, D. W., Yang, S. J., Cho, S. I., Lee, J. H., & Kim, J. G. (2018). Single-leg vertical jump test as a functional test after anterior cruciate ligament reconstruction. *The Knee*, *25*(6), 1016-1026.
- 23. Lesnak, J., Anderson, D., Farmer, B., Katsavelis, D., & Grindstaff, T. L. (2019). Validity of hand-held dynamometry in measuring quadriceps strength and rate of torque development. *International journal of sports physical therapy*, *14*(2), 180.
- Lewek M, Rudolph K, Axe M, Snyder-Mackler L. The effect of insufficient quadriceps strength on gait after anterior cruciate ligament reconstruction. Clin Biomech. 2002; 17(1);56-63.
- Nawasreh, Z., Logerstedt, D., Cummer, K., Axe, M., Risberg, M. A., & Snyder-Mackler, L. (2018). Functional performance 6 months after ACL reconstruction can predict return to participation in the same preinjury activity level 12 and 24 months after surgery. *British journal of sports medicine*, 52(6), 375-375.
- Neitzel, J. A., Kernozek, T. W., & Davies, G. J. (2002). Loading response following anterior cruciate ligament reconstruction during the parallel squat exercise. *Clinical Biomechanics*, 17(7), 551-554.
- 27. Noll, S., Garrison, J. C., Bothwell, J., & Conway, J. E. (2015). Knee extension range of motion at 4 weeks is related to knee extension loss at 12 weeks after anterior cruciate

ligament reconstruction. *Orthopaedic journal of sports medicine*, *3*(5), 2325967115583632.

- 28. Noyes, F. R., Heckmann, T. P., & Barber-Westin, S. D. (2012). Meniscus repair and transplantation: a comprehensive update. *Journal of Orthopaedic & Sports Physical Therapy*, *42*(3), 274-290.
- 29. Palmieri-Smith, R. M., & Lepley, L. K. (2015). Quadriceps strength asymmetry following ACL reconstruction alters knee joint biomechanics and functional performance at time of return to activity. *The American journal of sports medicine*, *43*(7), 1662.
- Pietrosimone, B., Lepley, A. S., Harkey, M. S., Luc-Harkey, B. A., Blackburn, J. T., Gribble,
   P. A., ... & Sohn, D. H. (2016). Quadriceps Strength Predicts Self-reported Function Post-ACL Reconstruction. *Medicine and science in sports and exercise*, 48(9), 1671-1677.
- Sachs, R. A., Daniel, D. M., Stone, M. L., & Garfein, R. F. (1989). Patellofemoral problems after anterior cruciate ligament reconstruction. *The American journal of sports medicine*, 17(6), 760-765.
- 32. Shelbourne, K. D., & Gray, T. (2009). Minimum 10-year results after anterior cruciate ligament reconstruction: how the loss of normal knee motion compounds other factors related to the development of osteoarthritis after surgery. *The American journal of sports medicine*, *37*(3), 471-480.
- **33.** Shelbourne, K. D., Urch, S. E., Gray, T., & Freeman, H. (2012). Loss of normal knee motion after anterior cruciate ligament reconstruction is associated with radiographic arthritic changes after surgery. *The American journal of sports medicine*, *40*(1), 108-113.
- 34. Sinacore, J. A., Evans, A. M., Lynch, B. N., Joreitz, R. E., Irrgang, J. J., & Lynch, A. D. (2017). Diagnostic accuracy of handheld dynamometry and 1-repetition-maximum tests for identifying meaningful quadriceps strength asymmetries. *journal of orthopaedic & sports physical therapy*, 47(2), 97-107.
- Taylor, J. B., Westbrook, A. E., Head, P. L., Glover, K. M., Paquette, M. R., & Ford, K. R. (2020). The single-leg vertical hop provides unique asymmetry information in individuals after anterior cruciate ligament reconstruction. *Clinical Biomechanics*, *80*, 105107.
- 36. Webster, K. E., & Feller, J. A. (2020). Who passes return-to-sport tests, and which tests are most strongly associated with return to play after anterior cruciate ligament reconstruction? *Orthopaedic journal of sports medicine*, *8*(12), 2325967120969425.
- 37. Wilk, K. E., & Arrigo, C. A. (2017). Rehabilitation principles of the anterior cruciate ligament reconstructed knee: twelve steps for successful progression and return to play. *Clinics in sports medicine*, *36*(1), 189-232.
- **38.** <u>https://www.brighamandwomens.org/assets/bwh/patients-and-families/rehabilitation-</u> <u>services/pdfs/le-running-injury-prevention-tips-and-return-to-running-program-bwh.pdf</u>