

AMZ Fulkerson

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

General Guidelines for Crutches and TROM Brace

- Bilateral axillary crutches to be used immediately post-op, TROM brace locked in extension. TDWB for first 8 weeks. TROM brace to be worn for all ADL's including sleeping and bathing. May remove for physical therapy.
- At Week 8: Advance to FWB with knee locked in extension WBAT, then gradually wean off crutches. Unlock knee hinge on TROM for everyday use when patient can perform SLR without quad lag and maintains full knee extension at rest. Discharge TROM once patient has a normal gait pattern. May remove TROM for Sleeping.

Precaution

- SLR's are not to be done until 6 weeks in TROM brace locked in extension.

Guidelines for Wound Care

- Place occlusive dressing over steri-strips at wound sites at first visit. Change occlusive dressing every other day, leaving steri-strips on unless they come off easily. Cover old steri-strips with new ones if needed.
- Keep wound sites covered with occlusive dressing until stitches are removed. After that, cover with standard adhesive bandages until wounds are fully healed (wrap knee in plastic wrap for showers).

Day 1 Post-Op

- Remove bulky dressings. Leave steri-strips on; place occlusive dressing over all portals and incisions.
- Discard post-op immobilizer if used. Issue TROM brace.
- Patient is to maintain TDWB until Week 8.
- Provide patient with home e-stim unit to be used while doing quad sets.
- Initiate prone hangs or heel prop to encourage full knee extension if needed.
- Quad sets
- Gastroc / Hamstring stretching (to be performed in NWB position)
- Ankle pumps / elastic band ankle exercises
- Frequent icing using "Game Ready" machine or Cryocuff for first 48 hours

Week 1-4: Patient to be seen 1x/week

ROM Guidelines: Knee flexion no greater than 45 degrees supine and 0 degrees of knee extension. Teach patient self-knee PROM for home.

- Continue above exercises
- Perform e-stim to the quads while patient performs quad sets
- Add sidelying hip abduction and extension exercises

Week 4-8: Patient to be seen 2x/week

ROM Guidelines: Knee flexion ROM: 90 degrees of flexion.

- Continue exercises as above and progress to TKE's
- Add standing weight shifts and standing resisted TKE's
- Week 6: Begin SLR with knee in TROM locked in extension
- Week 8: Unlock TROM for ambulation if able to perform SLR while maintaining full extension.

Week 8- 12: Patient to be seen 2x/week

ROM Guidelines: Goal is full ROM by Week 10.

- Begin stationary bike with no resistance
- Use of ERMI Flexionator as needed in clinic and/or at home
- Add resistance to above exercises as tolerated
- Add stationary bike for ROM without resistance

Week 12 – 15: Patient to be seen 1-2x/week

- When patient has good quad recruitment, add closed-chain exercises: heel raises, linebackers (0-45 degrees), soleus reaches, mini-squats (0-30 degrees), etc
- Initiate single leg stance with reaching activities, ball toss, etc
- Add lateral lunges to non-operative side
- Add forward lunges and lunges to operative side, progressing to lunge walking with dumbbells
- Proprio Machine training

Weeks 16-19: Patient seen as needed

- Add shuffles, progressing to crossover (karaoke) shuffles
- Progress to bilateral and unilateral leg exercises on unstable surfaces (Airex pad, BOSU ball etc.) as tolerated
- Add step-ups (forward and lateral) and resisted sidestepping using pulley around waist or elastic band around thighs
- Add leg press from 10-60 degrees of flexion, bilateral legs

Weeks 20 and Beyond: Patient seen as needed

- Begin treadmill walking and add incline around 20 weeks.
- Unilateral leg press, single leg squats
- Perform Proprio Test
- Begin jogging and then progress to running drills if patient has good control and endurance with above exercises
- Progress to bilateral and unilateral hopping drills
- Begin sport-specific drills and Phase IV Rehab when ready

Return to Sport Guidelines

Running: Begin independent jogging at 4 months post-op, increasing running time by 5-minute increments to tolerance. Begin more strenuous running programs incorporating various terrain and inclines at 6 months post-op.