

**Phase 4:** Phase 4 starts when Phase 3 goals are achieved. There should be full, pain free range of motion, (with no evidence of patellar irritation), good strength, stability and balance.

There should be clearance from the surgeon to progress to advanced activities, including the return to a physically demanding job. The knee joint may require bracing six to nine months post operatively, depending on its stability and the demands of activity.

**Goals:** Progress strength, power, flexibility, endurance, stability, balance and co-ordination to prepare for pre-injury activities.

**Activities:**

- Progression of exercises for core, hip, knee and foot as per goals.
- **No** non weight bearing leg extensions in the gym
- Plyometrics as indicated
- Forward/backward run 1/2 to 3/4 to full speed with cutting and cross over
- Sports and job specific drills, progressing in demands and complexity

**Phase 5:** When Phase 4 goals have been met. Usually begins 9 months post operatively. Must have all functions and skills for a specific sport. Must have Surgeon's clearance for return to sport and job. Bracing should be discussed.

**Goals:** Safe return to sports and job

**Activities:**

- Regular program to maintain strength, power, flexibility, endurance, stability, balance, and coordination
- Graduated return to sport as mentioned previously if not already achieved in Phase 4
- Resisted full range of motion, non weight-bearing leg extension exercises should be avoided on a permanent basis.

**For treatment of your A.C.L injury**

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# Post Operative Rehabilitation

These phases are general guidelines that may overlap or be delayed, depending upon your individual case.

**Phase 1:** From the immediate post operative period up to four weeks.

## Goals:

- Control pain, swelling, and inflammation with rest, ice, compression, elevation and medication.
- Observe for unusual and severe pain not controlled by medication or elevation, unusual or increasing numbness not controlled by medication or elevation, and seek medical attention if symptoms do not resolve. Seek medical attention immediately with signs of infection.
- Protect the repair (avoid rotation and non weight-bearing active leg extensions)
- Achieve full knee extension and 90° of knee flexion
- Achieve good quadriceps contraction in full extension

## Activities:

- Regular icing (use cryocuff if possible) and elevation
- Active (no resistance) and passive or passive-assisted range of motion of the knee joint
- Isometric (static contraction without movement) quadriceps and hamstring exercises
- Foot, ankle and hip exercises to achieve range of motion and strength
- Patellar (knee cap) mobilizations

- Core and postural exercises as indicated
- Partial weight bearing gait training using crutches, progressing to a single cane if able to do so without limping

**Phase 2:** Starts when Phase 1 goals are achieved. Usually begins two to four weeks post operatively and can last up to 8 weeks post operatively.

## Goals:

- Ongoing management of pain, swelling and inflammation
- Protect the repair
- Full weight bearing with normal gait pattern, no cane or crutches
- Maintain full knee extension and achieve 120° of knee flexion

## Activities:

- Control of swelling with ice and elevation as necessary
- Active, passive, and passive assisted range of motion of the knee
- Stationary bicycle
- Walking (including aquatic walk on pool bottom)
- Bilateral closed chain exercises (ie: taking weight through both feet)
- Simple balance and proprioception exercises
- Maintain isometric quadriceps exercises and start isotonic hamstring and calf exercises. Progress to weight bearing isotonic quadriceps exercises (resistance exercise with movement in the direction of the contracting muscle)
- Continue foot, ankle, and hip exercises as indicated and progress as able
- Continue patellar mobilization as necessary

**Phase 3:** Phase 3 starts when Phase 2 goals are achieved. Usually begins six to eight weeks post operatively and lasts six months post operatively

## Goals:

- Resolution of pain, swelling, and inflammation
- Full range of motion of knee
- Progress strength, endurance, balance, proprioception and stability exercises to almost normal levels
- Do not stress the graft (no rotation)
- Protect the patello-femoral joint

## Activities:

- Active, passive, and passive assisted range of motion of the knee
- Stretching of tight hip, knee, and foot muscles as indicated
- Stairmaster/ Nordic track/ Elliptical trainer / stationary bike
- Single leg squats/step ups
- Eccentric strengthening: (resistance exercise with movement in the opposite direction of the contracting muscle) ie: step downs and drop squats
- Advanced balance-single leg
- Pool running/swimming (no whip kicks); can use small fins
- Partial weight bearing plyometrics (hop) ie: shuttle exercise
- Lunges, partial range
- Hop, single leg
- Progress foot, ankle, hip, and core exercises to achieve full range of motion, strength, and endurance
- Advise patient re: specific exercises for return to work and return to sport considerations