ACL Reconstruction & High Tibial Osteotomy

General Information:

The intent of these guidelines is to provide the therapist with direction for the postoperative rehabilitation course of a patient that has undergone an ACL reconstruction & High Tibial Osteotomy. It is not intended to be a substitute for appropriate clinical decision-making regarding the progression of a patient's post-operative course. The actual post surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a therapist requires assistance in the progression of a post-operative patient they should consult with the orthopedic surgeon.

Phase I – (Post-op to 6 weeks)

- Range of movement brace applied to be worn at all times
- Instructed on exercises in brace
- Patellar mobilizations, SLR (if no lag present), Passive knee flexion on sliding board, Active hamstrings if comfortable, Gradually increase flexion to 90º
- To remain **NON-WEIGHT BEARING for 6 weeks**, axillary crutches
- Patient to expect some discomfort when mobilizing from bone graft donar site
- Passive ROM exercises - brace set 0-90º
- No inner range quads like isolated ACL reconstruction

Goals

Able to apply brace correctly
Safe on crutches and understands need to remain non-weight bearing
Understanding of basic home exercises

Phase 2 – (6 – 12 weeks)

Brace unlocked to allow full flexion
Clinic appointment check X-ray, can commence PWB only if sufficient callus
Gradually increase difficulty all exercises as per initial ACL reconstruction guidelines

Phase 3 – (12 weeks+)

Clinic appointment check X-ray before allowed to PWB/FWB then progress as per standard ACL guidelines
Brace can be removed if there is satisfactory radiological/clinical union

No return to sport before 12 months

Updated: 10/09/08
Guidelines based on High Tibial Osteotomy & ACL – McNicholas Knee Clinic