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Rehabilitation

The patient should have a full understanding of the operative procedure and the postoperative rehabilitation stages. Before the operative procedure, there should be no effusion, a full range of motion, and good quadriceps and hamstring strength.

Postoperative Goals

Physiotherapy should begin the day of surgery if the final result is to be full range of motion, no effusion, and strength equal to the opposite side. Individuals will vary in their progress on this program. The surgeon or physiotherapist should make any necessary alterations in this program.

It is important that there be only closed-kinetic chain-type exercises. That means the quadriceps should be actively exercised when the joint is weight bearing. Avoid active leg extensions in the last 30° when sitting. For the hamstring graft, there should be no active resisted knee flexion exercises for six weeks. This allows the muscle harvest site to heal.

This protocol may need to be modified according the type of fixation used and if additional surgery is performed to the MCL, LCL, or because of meniscal repair. The exercise program may be reviewed on the video on the CD.

Day 1

Goal

- Decrease pain and swelling.

Ambulation

- The patient may be able to tolerate partial weight bearing with a Zimmer splint (Fig. 6.73).