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ACL Tibial Avulsion Protocol:

Postop protocol for AxRIF of tibial eminence Fx of the ACL footprint with ACL repair: The patient underwent an Ax reduction internal fixation of a medial tibial eminence Fx of the ACL footprint with associated ACL repair. Crutches are utilized initially as is a hinged postop knee brace that is locked in 0°. The patient may bear full weight immediately with the brace locked at 0° and this will be continued for 6wks. Straight leg raises, and quad isometrics can be initiated immediately. A CPM device will be initiated beginning at Postop day 10 for 8 hours a day for 6 weeks total. Physical therapy is to begin on postoperative day 10 with an initial focus on Fx protection and the achievement of 90° of flexion by 3 weeks and full range of motion by 6 weeks. Isometric quadriceps and hamstring and abductor and adductor strengthening with the knee locked in the brace is permitted. Supervised physical therapy will be utilized anywhere from 3-5 months. Weaning of the brace is dependent upon radiographic evidence of healing and usually is achieved by 8-10 weeks. After 6 weeks, resisted flexion is permitted through a full range of motion and resisted extension is permitted to a range of 30° to 90°. Terminal resisted extension is not performed until 3 months postoperatively. Exercise and range of motion advancement should follow an ACL-like protocol once the appropriate goals noted above have been reached. A functional ACL brace may be recommended for a 1-year duration starting at the 4 month postoperative date when participating in athletics to allow for complete ACL integration.