

REBOUND® ACL

The next generation
of ACL bracing



INDICATIONS

- Non-surgical treatment of ACL ruptures
- Post-surgical rehabilitation for:
 - Partial ACL tears
 - ACL reconstruction/augmentation
 - ACL revision

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OPTIMIZATION OF REHABILITATION FOLLOWING ACL INJURIES

The Rebound ACL brace is designed to help optimize the healing process during functional rehabilitation following anterior cruciate ligament (ACL) injuries, whether during non-surgical treatment or following surgical reconstruction.

ACL RUPTURE - FUNCTIONAL (NON-SURGICAL) REHABILITATION PROTOCOL

ITEM	PHASE I (1 - 6 WEEKS)	PHASE II (7 - 12 WEEKS)	PHASE III (13 - 18 WEEKS)	PHASE IV (>19 WEEKS)
Rebound ACL	Day & night	Use for all activities	During exercises	Wean off as tolerated
ROM (Ext./ Flex.)	<ul style="list-style-type: none"> 0/0/60 during first week (avoid anterior shear to the knee) 0/0/90 week 2 - 4 0/0/120 week 4 - 6 Regain active extension 0° 	<ul style="list-style-type: none"> Work towards full ROM 	<ul style="list-style-type: none"> Maintain full ROM & optimize LE flexibility 	<ul style="list-style-type: none"> No limitations
Weightbearing	<ul style="list-style-type: none"> PWBAT with crutches & progress to FWBAT & d/c crutches when patient can demonstrate normal gait mechanics 	<ul style="list-style-type: none"> Active Physiotherapy 	<ul style="list-style-type: none"> Active Physiotherapy 	<ul style="list-style-type: none"> Active Physiotherapy
Physiotherapy	<ul style="list-style-type: none"> Control pain and swelling, prevent infection (PRICE) Restore pain free (passive) ROM Restore normal gait mechanics Establish good quadriceps activation When 90° flexion is pain free, start with strengthening exercises LE up to 90° Avoid patellofemoral joint stress and anterior translation Train core stability, hip strength and cardiovascular fitness while wearing Rebound ACL 	<ul style="list-style-type: none"> Proprioceptive and balance exercise (focus on CKC) Increase muscle strength and endurance Progress strengthening LE Improve neuromuscular control Train core stability, hip strength, and cardiovascular fitness while wearing Rebound ACL 	<ul style="list-style-type: none"> Maintain Full ROM Maximize strength, proprioceptive and balance exercises Maximize neuromuscular control (CKC & OCK) Initiate plyometrics and light jogging, single leg hop endurance test Isokinetics to guide straight line running, single leg balance (at Biodex) Initiate return to sport/work activities with physician approval 	<ul style="list-style-type: none"> Sport specific program should be goal oriented Continue dynamic strengthening and proprioceptive exercises Continue plyometrics and initiate agility training Progress sport specific drills

ACL RUPTURE - FUNCTIONAL (SURGICAL) REHABILITATION PROTOCOL

ITEM	PHASE I (1 - 6 WEEKS) <i>Acute Management & Early Motion</i>	PHASE II (7 - 12 WEEKS) <i>Basic Strength & Proprioception</i>	PHASE III (13 - 18 WEEKS) <i>Dynamic Neuromotor Strength, Endurance & Coordination</i>	PHASE IV (19-24 WEEKS) <i>Athletic Enhancement & Return to Activity</i>	PHASE IV (>24 WEEKS) <i>Sports Performance & Injury Prevention</i>
Rebound ACL	Day & night	Day & night	Use for all activities	Use for all activities	Use for all activities
ROM (Ext./ Flex.)	<ul style="list-style-type: none"> 0/0/60 during first week (avoid anterior shear to the knee) 0/0/90 week 2 - 4 0/0/120 week 4 - 6 Regain active extension 0° By week 6 ROM should be full extension to at least 135° flexion 	<ul style="list-style-type: none"> Work towards full ROM 	<ul style="list-style-type: none"> Maintain full ROM and optimize LE flexibility 	<ul style="list-style-type: none"> Maintain full ROM and optimize LE flexibility 	<ul style="list-style-type: none"> No limitations
Weightbearing	<ul style="list-style-type: none"> 0 - 2 weeks: Touch down weight bearing with two crutches 2 - 4 weeks: Partial weight bearing 4 - 6 weeks: Weight bearing as tolerated 	<ul style="list-style-type: none"> PWBAT --> FWBAT Discontinue daily use of brace and crutches as allowed by physician when the patient has full extension and can straight leg raise (SLR) without extension lag 	<ul style="list-style-type: none"> FWB 	<ul style="list-style-type: none"> FWB 	<ul style="list-style-type: none"> FWB --> transfer to functional brace (CTI) for prophylactic use during sports
Physiotherapy	<ul style="list-style-type: none"> Control pain and swelling (PRICE) Protect Graft Fixation Full active and passive extension/flexion as is allowed < 90° (graft protection) Restore normal gait mechanics Establish good quadriceps activation Avoid patellofemoral joint stress and anterior translation Train core stability, hip strength, and cardiovascular fitness while wearing Rebound ACL 	<ul style="list-style-type: none"> Proprioceptive and balance exercise (focus on Closed Kinetic Chain) Increase muscle strength and endurance Progress strengthening LE Improve neuromuscular control Train core stability, hip strength, and cardiovascular fitness while wearing Rebound ACL 	<ul style="list-style-type: none"> Maintain full ROM Maximize strength, proprioceptive and balance exercises Maximize neuromuscular control (CKC & OCK) Initiate plyometrics and light jogging, single leg hop endurance test Isokinetics to guide straight line running, test single leg balance (at Biodex) Initiate return to sport / work activities with physician approval 	<ul style="list-style-type: none"> Sport specific program should be goal oriented Continue dynamic strengthening and proprioceptive exercises Plyometric activities as appropriate to patient's goals Progress sport specific drills 	<p>Criteria for return to sports:</p> <ul style="list-style-type: none"> Quadriceps strength at least 80% of the normal leg Hamstring strength at least 80% of the normal leg Ability to complete a running program Continue plyometrics and initiate agility training Maintenance program for strength and endurance

Note: Allograft revascularization is slower than for autografts. Therefore, crutches and brace are continued for 6 weeks. ACL reconstruction performed with meniscal repair or transplant: follow the ACL protocol with avoidance of open kinetic hamstring strengthening for 6 weeks. Time frames for use of brace and crutches may be extended by the physician.

• LE- Lower Extremity, ROM - Range of motion, PWBAT - Partial weight bearing as tolerated, FWBAT - Full weight bearing as tolerated, FWB - Full weight bearing, OKC - Open kinetic chain, CKC - Closed kinetic chain, PRICE - Protection Rest Ice Compression Elevation