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Home Exercise Program

Treatment for Anterior Cruciate Ligament Injury

Initial treatment includes the following easy to remember acronym, LUSKIN.



Once you are able to walk without pain or a limp, your provider may refer you for formal physical therapy and/or you may begin the following exercises at home:

- 1. Standing Calf Stretch Facing a wall, put your hands against the wall at about eyelevel. Keep the uninjured leg forward and your injured leg back about 12-18 inches behind your uninjured leg. Keep your injured leg straight and your heel on the floor and keep your toes pointed towards the wall. Next, do a slight lunge by bending the knee of the forward leg. Lean into the wall until you feel a stretch in your calf muscle. Hold this position for 30-60 seconds, and repeat 3 times.
- 2. Hamstring Stretch Lie on your back and bring affected leg towards your chest. Grab the back of your thigh and try to extend your leg. Hold this position for 30 to 60 seconds, feeling a stretch in the back of your thigh. Repeat three times. You may also try this with a towel around your foot if it is

more comfortable.









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3. Quadriceps Stretch - Stand sideways to a wall, about an arm's length away from the wall, with your injured leg towards the outside. Facing straight ahead, keep the hand nearest the wall against the wall for support. With your other hand, grasp the ankle of your injured leg and pull your heel up toward your buttocks. Do not arch or twist your back. Hold this position for 30 seconds. Repeat three times.





4. Quadriceps Sets - Sit on the floor with your injured leg straight in front of you. Press the back of your knee down while tightening the muscles on the top of your thigh. Concentrate on tightening the muscles on the inner side of your kneecap. Hold this position for 5 seconds. Complete 3 sets of 10.



5. Straight Leg Raise - Sit on the floor with the injured leg straight and the other leg bent, foot flat on the floor. Pull the toes of your injured leg toward you as far as you can, while pressing the back of your knee down and tightening the muscles on the top of your thigh. Raise your leg six to eight inches off the floor and hold for 5 seconds. Slowly lower it back to the floor. Complete 3 sets of 10.





6. Abduction - Lie on your uninjured side and place leaning on the elbow of your uninjured side and using the arm of the injured side in front of you to stabilize your body. Slowly with the injured leg up, hold for 5 seconds then lower slowly. Be sure to keep your hips steady and don't roll forwards or backwards. Complete 3 sets of 10.





7. Adduction - Lie on your injured side with your top leg bent and flat foot placed in front of the injured leg, which is kept straight. Raise your injured leg as far as you can comfortably and hold it there for 5 seconds. Keep your hips still while you are lifting your leg. Hold this position for 5 seconds, and then slowly lower your leg. Complete 3 sets of 10.







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8. Prone Hip Extension - Lie on your stomach. Squeeze your buttocks together and raise your injured leg 5-8 inches off the floor. Keep your back straight. And the hip of the leg you are lifting on the ground. Hold your leg up for 5 seconds, and then lower it. Repeat 10 times. Do 3 sets of 10.

Do not let your hip roll open as you lift your leg.







9. Clamshells - Lie on your side with your knees slightly bent, keeping your legs and ankles together. Open and close your knees like a clam by lifting your top knee up until it is parallel with your hip. Keep your feet together throughout the exercise, move slowly and controlled as if someone is pushing against your knee while you are pressing it up. Complete 3 sets of 10.





10. Bridge with Abduction and Resistance (Aka Banded Bridges) - Start by lying supine (on your back) with your knees bent to 90 degrees and your feet flat on the floor. Place the tied resistance band just above your knees. Bring your feet and knees apart to hip/shoulder width. You should feel the band trying to bring your knees back together. Keeping tension on the band, press into your heels and lift your hips off the table as high as you can into a bridge position. Hold at the top for 3-5 seconds and slowly lower to the starting position. Do not allow the space between your knees to decrease throughout the movement. Repeat for 3 sets of 10 repetitions.











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When can I return to my sport or activity?

This depends on whether or not you have a complete tear of your ACL which requires surgery, or a partial tear of the ACL. If surgery is recommended, please refer to the surgical recovery guidelines.

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon, you may worsen your injury, which could lead to longer healing times. Everyone recovers at a different rate. Returning to your sport or activity will be determined by how soon your knee recovers, not by how many days or weeks it has been since pain began. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may safely return to your sport or activity when, starting from the top of the list and progressing to the end, each of the following is true:

- You have full range of motion in the injured knee, compared to the uninjured knee
- You have full strength of the injured knee and hip compared to the uninjured knee and hip and are able to complete the above exercises without pain
- You can jog straight ahead without pain or limping
- You can sprint straight ahead without pain or limping
- You can jump on both legs without pain, and you can jump on the injured leg without pain

Return to your sport at about 50% effort and increase by about 10% each week. Patients should progress slowly with cutting movements. If there is a feeling of your knee giving out on you during these movements, you should make an appointment with your provider. If you begin with pain, you may need to rest for a few days before returning to activities.