

Example 2

Reflection #16
12/12/2008

For my last scenario of the semester, I talked with Jessica about ACL rehabilitation. Primarily, she asked me to make a pre-habilitation protocol for a soccer athlete who suffered an ACL tear. I was asked to come up with exercises she could do before her surgery, which was scheduled a month from the incident.

Phase I-Ice and IFC estim were used for initial treatment. Compression wrap was used as well. I instructed the pt in the proper way to apply the wrap. Once her swelling and pain were diminished, we began simple ROM exercises.

Phase II-ROM: knee flex/ext, AAROM: towel slides, prone-hangs. ROM was also performed on a stationary bike both forward and backward. The pt was dealing with the injury very well and could perform nearly all the exercises I asked of her.

Phase III- I made a list of exercises that she should perform every day. She was very compliant and showed up nearly every day for pre-habilitation. I began her session with a 5-10 minute warm up on the stationary bike. Once that was completed she usually started with TKE's, calf raises, hip adduct and quad-sets. Once they became easy to complete, I started her on stool scoots down the hall of the school on a rolling chair. She began DL ext and flex and she progressed into SL. I made sure she was using proper mechanics, keeping her knee from excessive medial movements. I also asked her to complete SLR's, HS curls, step ups (*with* brace), and core exercises (which varied from day to day).

Phase IV-Some phase IV exercises for an ACL tear is similar to that of any knee surgery. Advance all ROM into PRE, with increasing intensity. Plyometrics, cardio, balance and core exercises would *all* be similar.

Her surgery was done on the 4th of December. She had typical swelling, pain and ecchymosis. We treated her pain and swelling and began implementing phase I/II ROM exercises, mainly wall slides and quad sets. She is very involved in her rehabilitation and asked me many questions about the procedure. Since I had observed an ACL reconstruction surgery last semester performed by Dr. Randall, I was able to answer nearly all her questions, as well as show her what it was they did. I enjoyed this aspect of rehab. I feel that I formed a very good relationship with this pt, and she trusted both Jess and I when it came to rehab. Her father is an M.D. in Eudora, so she was always asking questions and very intrigued about all aspects of her rehab and surgery.