Physiotherapy: post-ACL reconstruction rehabilitation

- Discipline and setting: Physiotherapy, in an outpatient musculoskeletal clinic.
- Patient profile (fictional): Mr. C, a fictional 24-year-old recreational footballer, is six weeks out from a hamstring-graft ACL reconstruction.
- Presenting complaint: A review appointment for rehabilitation progress. Mr. C reports knee stiffness and trouble straightening the leg fully.
- Assessment findings: Knee flexion reached 110 degrees and extension lacked 5 degrees of full. A quadriceps lag appeared on a straight-leg raise. Mild effusion remained. Single-leg strength measured 60% of the uninjured side.
- Clinical reasoning (annotated): The working judgment is normal week-six recovery. Quadriceps inhibition and a small extension deficit are the two limits. Progress follows the criterion-based ACL rehabilitation progression in JOSPT, which gates each phase on clinical milestones. Graft failure was ruled out because the knee stayed stable on Lachman testing. Infection was excluded because there was no heat, spreading redness, or fever. A locked meniscus was set aside because the knee reached full passive extension on the table.
- Management and outcome: The plan prioritised full extension, quadriceps activation drills, and progressive closed-chain loading, and added hop tests once strength passed 80%. Mr. C regained full extension by week ten and cleared return-to-sport criteria at month nine.

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