

A banner for the Shelbourne Knee Center at Methodist Hospital. The banner features a background image of a soccer player's legs and a soccer ball on a grass field. The text is overlaid on a blue gradient background. The main title 'Shelbourne Knee Center' is in a large, blue, serif font. Below it, 'at Methodist Hospital' is in a smaller, blue, sans-serif font. Underneath that, 'Specialized Care for Knee Injuries' is in a white, sans-serif font. On the right side, the names 'K Donald Shelbourne MD', 'Scott E Urch MD', and 'Physical Therapy' are listed in white, sans-serif font. At the bottom, the address '1815 N Capitol Ave, Ste 600 Indianapolis, IN' and two phone numbers '1.888.349.5633' and '1.317.924.8636' are displayed in a small, white, sans-serif font.

Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

K Donald Shelbourne MD
Scott E Urch MD
Physical Therapy

1815 N Capitol Ave, Ste 600 Indianapolis, IN 1.888.349.5633 1.317.924.8636

Perioperative Rehabilitation Considerations. Shelbourne KD, Klootwyk TE, DeCarlo MS: Operative Techniques in Sports Medicine 1:22-25, 1993

In the last decade, changes in the rehabilitation of patients with anterior cruciate ligament (ACL) injuries have made a dramatic impact on the management of the surgically treated ACL-deficient knee. Rehabilitation practices have been introduced both preoperatively and postoperatively. In place of immediate surgery after injury, the patient with an acutely torn ACL prepares the injured knee for surgery. This is the beginning of the rehabilitation process. The patient must be ready both mentally and physically for the reconstructive surgery. The initial focus is on regaining full range of motion and decreasing swelling. The patient, the family, and the physician must agree on the optimal time for reconstruction. After reconstruction, postoperative rehabilitation begins immediately with cold/compression, full extension, and weight bearing as tolerated. We propose that appropriate preoperative patient preparation, along with a postoperative program emphasizing extension and closed chain functional exercises, will optimize the reconstructive result regardless of the surgical approach or graft source used.