ABSTRACT

Knee injuries such as ACL tears commonly occur and there is a high re-injury rate after primary ACL reconstruction with figures estimated at 25%-33%. Clinicians often use hip strengthening as a key component of knee rehabilitation. Evidence suggests that adopting a “regional” or “proximal” approach to rehabilitation can increase hip strength, but motor control often remains unchanged, particularly during more complex tasks such as running and jumping. It has been previously suggested that the current approach to “regional/proximal” rehabilitation is too basic and is constrained by a reductionist philosophy. This clinical commentary provides the clinician a framework for optimizing knee rehabilitation, underpinned by a more global approach. Although this approach remains hip-focused, it can be easily adapted to modify exercise complexity and key loading variables (speed, direction, flight), which will help the clinician to better replicate the sport specific demands on the knee.

Keywords: ACL, dynamic knee valgus, hip exercise, movement system, proximal rehabilitation

Level of Evidence: 5

The authors declare no conflicts of interest.