



*An Affiliate of Baptist Health Care*

**REHABILITATION FOLLOWING  
ACL-PTG RECONSTRUCTION /  
COMPLEX MENISCUS REPAIR**

**GENERAL GUIDELINES / PRECAUTIONS**

- Wear brace / immobilizer at all times except during bathing and physical therapy for designated time of 6 weeks. The brace should be locked for the first 4 weeks then unlocked for the next 2 weeks.
- Keep incisions clean & dry for designated time (usually 2 weeks).
- Edema / Effusion management are quintessential for getting off to a good start.
- Promote full and early knee extension. Limit knee flexion to 90° for 2 weeks post-operatively.
- Use 2 crutches and partial weight bearing for 2 weeks. Progress to FWB over the next 2-4 weeks unless otherwise specified by physician. Criteria must be met for independent ambulation
- Track or treadmill running should not be started before 4 months post-op
- This protocol, as well as most others, is a general guideline. Patients should not be progressed to the next phase until they demonstrate proper form with all activities and all criteria are met in the current phase.
- Properly assess the whole body and incorporate treatment for loss of mobility and stability throughout. Not doing so can prevent optimal outcomes and increase risks of future injuries.

**PRE-OPERATIVE PHASE**

- **Goals:**
  - Diminish inflammation, swelling, and pain
  - Restore normal ROM (especially knee extension)
  - Restore voluntary muscle activation
  - Protect the knee from further injury
  - Educate on goals, expectation, and precautions
- **Exercises / Treatment**
  - Isometric quadriceps setting
  - Passive knee extension to same as contralateral knee
  - Passive knee flexion to tolerance
  - Heel slides
  - Bike or seated stepper
  - Straight leg raises
  - CKC exercises: mini squats, lunges, step-ups
  - Cryotherapy and muscle stimulation as needed
  - Compression wrap as needed for swelling
  - Gait training

**IMMEDIATE POST- OPERATIVE PHASE (days 1 to 7)**

- **Goals:**
  - Diminish joint swelling and pain
  - Restore full passive knee extension
  - Restore patellar mobility
  - Re-establish quadriceps control
  - Gradually improve knee flexion

- Normalize gait pattern with assistive device
- **Precautions**
  - Brace / immobilizer applied to knee, locked in full extension and worn at all times except for bathing and physical therapy.
  - Weight Bearing – two crutches, PWB
- **Exercises / Treatment (day 1)**
  - Ankle pumps
  - Overpressure into full, passive knee extension
  - Quad sets with muscle stimulation
  - Gastroc towel stretch
  - Ice for 20 minutes every hour if needed.
- **Exercises / Treatment (day 2 to 3)**
  - Continue all previous exercises / treatment
  - Heel slides
  - Patellar mobilizations x 4 directions (3-4 times per day)
  - Straight leg raise (4 directions if able)
- **Exercises / Treatment (day 4 to 7)**
  - Continue all previous exercises / treatment
  - Multi-angle isometrics at 90 and 60° if ROM available
  - Knee extension 90-40° if ROM available
  - Passive knee extension into hyperextension if tolerated

#### **MODERATE PROTECTION PHASE (Week 2-4)**

- **Criteria to progress to this phase**
  - Minimal joint effusion
  - Full passive knee extension
  - Good patella mobility
  - Quad control (ability to do SLR w/ no extension lag)
  - Proper ambulation with assistive device
- **Goals**
  - Maintain symmetrical knee extension / hyperextension
  - Gradually increase knee flexion
    - Limit to 90 degrees for first 14 days
  - Diminish swelling and pain
  - Improve muscle control and activation
  - Restore proprioception / neuromuscular control
  - Normalize patella mobility
- **Precautions**
  - Continue locked brace at all times except for sitting and ROM
  - Continue to use both crutches
- **Exercises / Treatment (day 8-21)**
  - Continue all relevant previous treatment
  - Bicycle or seated stepper depending on ROM
  - Hamstring, calf, hip stretching
  - Knee extension 90-40° after 2 weeks

### **PROGRESSIVE STRENGTHENING / NEUROMUSCULAR CONTROL PHASE (week 4-10)**

- **Criteria to progress to this phase**
  - Active ROM 0-110°
  - Minimal to no full joint effusion
  - Minimal / no joint line or patellofemoral pain
- **Goals**
  - Restore full knee ROM gradually
  - Improve LE strength
  - Enhance proprioception, balance, and neuromuscular control
  - Improve muscular endurance
- **Precautions**
  - Wear brace unlocked post-op weeks 4-6. Can discontinue crutches if physician allows
- **Exercises / Treatment (day 22 through 35)**
  - Continue all relevant previous treatment and progress resistance as tolerated
  - Knee extension (90-40°)
    - Concentric and eccentric
  - Hip and core strengthening
  - Initiate pool program
  - Hamstring, calf, hip stretching
- **Exercise / Treatment (week 6-9)**
  - Continue all relevant treatment
  - Initiate dynamic stretching
  - Step Ups
  - Cone step overs
  - Lateral mini band walks
  - Leg Press (0-60°)
  - Progress Pool program
- **Exercise / Treatment (week 10-12)**
  - Reverse lunges
    - Progress to lunging in multiple directions
  - Basic plyometric training drills
  - Linear ladder agility drills

### **ADVANCED ACTIVITY PHASE (Week 13-16)**

- **Criteria to enter phase V**
  - No pain or joint effusion
  - Full ROM
  - Quad strength 5/5 or higher
  - Subjective / functional knee scoring to 80% or higher
- **Goals**
  - Normalize LE strength
  - Enhance muscular power and endurance
  - Improve neuromuscular control
  - Perform selected sport-specific drills.

- **Exercises / Treatment (Weeks 13-14)**
  - Continue all relevant, previous treatment
  - Light sport-specific drills
- **Exercises / Treatment (Weeks 14-16)**
  - Continue all relevant, previous treatment
  - Lateral agility drills
  - Forward and backward running at week 16

#### **RETURN TO ACTIVITY PHASE (Week 17-23)**

- **Criteria to Enter Phase VI / Interval running**
  - Quadriceps torque / body weight ratio (55% or greater)
  - Hamstrings / Quadriceps ratio (70% or greater)
  - Able to perform quality single leg squat to 45°
  - Able to perform 70% maximum contralateral leg press
  - Able to perform brisk walk for 20 minutes
  - Able to perform reciprocal bounding for 50 feet with good form
- **Goals:**
  - Achieve maximal strength and endurance
  - Progress skill training
  - Progress proprioception / balance skills
  - Progress power
- **Exercises / Treatment**
  - Continue all relevant exercises / treatment
  - Progress overall strengthening / plyometric exercise
  - Running / cutting / agility drills
  - Progress sport specific drills

**DISCHARGE TESTING / PLANNING (typically done 6-12 months )**

- Based on a patient's age, gender, and level that they are returning to (i.e. recreational, amateur, professional) a decision is made to endorse their return to sport/ higher level activity or to ask the patient to refrain from doing so. Currently our criterion includes, but is not always limited to the following.
  - Demonstrate quality and symmetrical movement throughout the body evaluated with comprehensive movement screen or assessment process.
  - Symmetrical and acceptable comprehensive scores on CKC LE testing
  - At least 90% symmetry when comparing right to left side per isokinetic test for the hamstrings and quadriceps
- Biomechanical assessment of their performance helps safe return to sport / higher level activity. Patient's may be videoed and analyzed doing activities such as running, jumping, hitting or throwing to see if sound body mechanics are being utilized.
- Not all patients who have undergone ACL repair are candidates for functional testing. Those undergoing these tests should be chosen with proper consideration given to what they plan to return to and their general fitness level.
- No matter how well a patient is doing with return to sport testing it is prudent to remember how important time is to full healing and safe return to sport / activity.
- Patients should schedule periodically during this phase to assess their progress and properly change their program until they are deemed safe to return to all activities.